

COMMENTS ON ENVIRONMENTAL HEALTH PROGRAMS OF METROPOLITAN AREAS

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Journal of Environmental Health, Vol. 30, No. 1, (July/August 1967)

The following is a description of the environmental health field prepared by the APHA Program Area Committee on Environmental Health in 1965.

"Environmental health refers to the interrelationship of the environment and the health and *well-being* of man. . . . Where activities are conducted on an organized basis for the promotion and preservation of an environment designed to maximize man's health and well-being, such efforts are characterized as 'Environmental Health Programs'.

"Environmental health services were originally designed to protect the population against disease or disability by modifying those factors or elements which were detrimental to man's health. While these basic concepts remain valid today, the new challenges to the safety of man's environment do not assert themselves in the manner of the great single agent plagues of the past, such as cholera, yellow fever, malaria, hookworm, typhus, and typhoid fever. Some of the new hazards are the result of many slow-acting cumulative micro-insults that exact their ultimate toll through cumulative biological damage over a long period of time which makes cause-effect relationships difficult to understand or establish. Modern environmental health programs, therefore, must be planned to create surroundings that will provide optimum *health, safety, and comfort* for the present population, that will protect this generation, as well as those unborn, from hazards associated with the environment or any of its components, and will result in maximum economic and cultural benefits to a healthy people. This may be attained through the systematic development, promotion, and conduct of measures which modify or otherwise control those external physical factors causing *illness, disability, or discomfort*. Recognition must also be given to the chronic and long-range effects of new hazards, *public*

demands and expectations, and esthetic requirements, as well as morbidity and mortality rates.

"Environmental health administration also requires close cooperation with other public health personnel, others involved in environmental control, governing bodies, voluntary agencies, official boards and commissions, news media, schools and civic groups, and the general public. The environmental health program should be so placed within the total organizational structure that the necessary emphasis program prestige and effectiveness, efficiency of administration, ease of necessary inter-agency communication, and response to public interest and demands are assured."

In our community we have developed a type of organization for the delivery of environmental health services which is probably unique in the nation. Our community leaders have felt that the traditional organization of municipal health services has often resulted in inadequate and ineffective environmental health programs that have not taken cognizance of real and contemporary community needs and demands. This lack of emphasis has often resulted in either: (a) important services not being rendered, thereby deceiving the public, endangering the public health, and creating poor public relations and a do-nothing image, or (b) basic environmental health services such as housing conservation and rehabilitation, air pollution control, food sanitation, milk sanitation, industrial hygiene, or a wide variety of other services being assumed by non-public health oriented organizations or agencies.

Environmental health services are a basic governmental service and are probably expected and demanded by the average taxpayer to a degree as great or greater than any other public health service. The average taxpayer may not fully understand all of the technical aspects of environmental health, but he does demand clean air, clean food, clean water and healthful housing. He expects these environmental factors to be properly controlled, he expects proper environmental health services to be provided and he is usually willing to pay for such services if a reasonable amount of good public relations are included in the administration of the programs.

Our particular community has acted on the demonstrated principle that environmental health services have a close, realistic and basic relationship to planning agencies, public works departments, building and inspection personnel, water and sewer departments,

refuse collection agencies, various other agencies and groups, etc. There is daily, necessary and continuing involved relationship and joint responsibilities with agencies such as those listed above.

Based on the foregoing thoughts, the City of Albuquerque and County of Bernalillo, New Mexico, have created a City-County Department of Environmental Health which is entirely separate from the City-County Department of Personal Health and Preventive Medicine. This structure provides that the Director of the Department of Environmental Health report directly to the City Manager as do the Directors of Planning, Public Works, Police, etc.

One of our county commissioners has noted, "We must be willing to try fresh new approaches and patterns in the administration and delivery of environmental health services if we are to properly meet the environmental health needs of a modern growing community such as the Albuquerque metropolitan area. The Albuquerque metropolitan area is not an 'average' community and traditional solutions and patterns blindly followed elsewhere may not be the best answer to environmental health problems in this area."

Public health literature is replete with the statements of leaders in the field pointing out that existing organization is obsolete and must be reviewed objectively in the light of present day community needs and demands. The system that has been developed in our community is one that many public health personnel throughout the country have discussed at various times, but may never have seen put into practice prior to the organization of the Department of Environmental Health in Albuquerque. We find that some visitors to our department have difficulty understanding the structure. They keep looking for the traditional structure and have a difficult time understanding how services can be effectively delivered by means of our organizational pattern.

Having a Department of Environmental Health affords a number of advantages. The most obvious, of course, is that it provides visibility, prestige and status for environmental health. This organizational pattern allows environmental health to compete for financing on its own merits with all other governmental functions within that jurisdiction.

In the Albuquerque situation, having environmental health compete on its own merits with other governmental functions and other public health functions has allowed the environmental health program to develop a budget as great or greater than that allowed

for other public health services being offered by the City-County Department of Personal Health and Preventive Medicine.

Another advantage of having a Department of Environmental health is that it affords ease of inter-agency communication and cooperation with other groups in the total *environmental control* field. It means that the Director of Environmental Health is involved in all top level administrative discussions as are other department heads in the local governmental structure. Whether we like it or not, it is a fact that there is some tinge of a caste system in every organization. Therefore, having the Director of Environmental Health at the highest organizational echelon has real benefits in administering an environmental health program and in communicating with other department heads on an equal basis.

It may be comforting to critics of the type of organization which we are discussing to know that our department is still related to the total public health structure by virtue of a state statute which requires that the Director of Environmental Health be under the general control of the State Health Director.

I recently read a statement which said that "the methods of improving the individual's chances for a long and healthy life should not be divided into two systems for delivery of those services." This is an appealing statement that sounds ideal in theory. However, it is my contention that following a one-system pattern may lead to further fragmentation and de-emphasis of environmental health services to the end that a community or the nation might not only have two systems, but would more likely have several. Experience in all parts of our country has indicated that a single public health system has often provided the springboard for the fragmentation of environmental health interests into numerous other agencies, departments and special districts. We have only to witness the loss, forfeiture, or splintering of such programs as housing conservation and rehabilitation, air pollution control, food sanitation, milk sanitation, industrial hygiene or a wide variety of others. This has occurred wherever environmental health has not been given the necessary visibility and emphasis on the national level, the Public Health Service has lost important environmental health programs and, under the proposed reorganization arrangements, may well lose other significant components of environmental health. It may not be long until more environmental health programs are being administered outside the Public Health Service

than within. Other agencies have shown the ability and willingness to give proper status and budgets to environmental factors and they are clamoring for greater control. The chances of environmental health emphasis within a traditionally structured health agency is increasingly limited because of the numerous, huge, new personal health and medical care programs.

Many health agencies have lost out on important environmental health programs and responsibilities by steadfastly refusing to become involved in environmental health matters where there is not a known health involvement and a cause and effect relationship to communicable disease and physical well being. This is true whether we discuss food control, air pollution control, housing conservation and rehabilitation, water pollution control or other environmental health problems. Wherever a health agency has refused to go beyond the traditional and known, a portion or the entire program is taken over by some other agency not pinned down by the common concept or definition of the word "health". We all know of many examples of health agencies losing out on important environmental health responsibilities and budgetary allocations by refusing to administer the entire gamut of a given program, including the public health implications, the esthetic implications and the economic concerns. We believe that public health agencies should not only show the willingness but the leadership to administer an environmental program in its entirety if there is a significant health problem associated with it.

Many public health professionals have tended to live in a world of their own and do everything possible not to become involved in the totality of community interests, government and politics. The local health agency may be looked upon as an agency to contact in case of complaints or an epidemic and to be overlooked when governing officials are discussing planning, building, housing, public works, flood control, zoning, water supplies, recreation, community sewage disposal, transportation, solid waste disposal, etc. Many public health personnel have gone overboard in talking to themselves, living in seclusion from other governmental agencies, apparently disdaining to rub shoulders or associate with the "rascals at City Hall". Thereby, they seclude themselves from other groups involved in the totality of community environmental control and planning. Environmental health personnel must, of necessity, be closely associated with the public health team, but should also be a part of the environmental planning and control team

composed of such agencies as planning, public works, water pollution control, conservation departments, agriculture, fire prevention, refuse, zoning, housing, urban renewal, etc. Public health, and particularly environmental health, too often tends to exist in a vacuum apart from the planning and environmental control efforts of other groups. It is sometimes surprising to learn that many of these groups are actually doing more for environmental health than is the organized health agency. It is also amazing to note how much such groups do that affects environmental health without having the counsel of environmental health personnel, the inevitable result of working "in a vacuum".

I believe that another ramification of metropolitan environmental health problems revolves around the word "health". The word "health" means healthy babies, united funds, vaccinations, disease control, private physicians, insurance, hospitals, nurses, medicine, and perhaps even environmental health, depending on one's point of view. If a better term were available, I believe we might be better off to avoid altogether the word "health" and to talk in terms of environmental control, environmental protection, consumer protection, environmental engineering, etc. This would prevent us from being pinned down to programs and responsibilities traditionally associated with the word "health" and might possibly have the effect of bolstering the budgetary allocation for the agency involved. This would also be helpful in that the budget would not automatically be compared with the substandard budget being granted to some other health agency in a city of comparable size.

In summary, I believe our thinking in Albuquerque could best be summed up by stating that the creation of a separate environmental health agency may actually result in less fragmentation of public health responsibilities and more adequate budgets than does the traditional textbook oriented type of public health organization. If we are to have progress, there is frequently need for a change or break from tradition. All progress has been due to new ideas and approaches which perhaps were not widely understood at the time.

Vol. 30, No. 1, J.E.H.