

**STATE RESPONSIBILITIES IN ENVIRONMENTAL
MANAGEMENT AND CONSUMER PROTECTION**

Larry J. Gordon M.S. M.P.H., Director

New Mexico Environmental Services Division

USPHS Environmental Health Conference, Washington, DC

January 1970

Traditionally, the environmental health role of many state health agencies has traditionally been rather narrow with major emphasis being placed on "sanitary engineering". Commonly, sanitary engineering has emphasized water supply and liquid waste disposal problems almost to the exclusion of identifying other problems and pursuing an active role in their solution. Local health agencies have frequently shown greater vision and responsiveness in expanding program scope and mission to meet the environmental management and consumer protection needs of our modern society. The traditional concept of sanitary engineering has also been a factor in fomenting organizational problems and fragmentation of total environmental management and consumer protection activity at the State level. When state health agencies have become involved in environmental health activities in addition to sanitary engineering, such programs have frequently been developed as separate organizational components either within or, still worse, without the official health agencies. Thus, many states have had, or still have, such Environmental Health programs as occupational health, milk and food sanitation, housing conservation and rehabilitation, and others, organized in such a manner as to be fragmented from traditional sanitary engineering programs.

Recently, most states have attempted to bring those environmental health components remaining in the state health agency together within a single environmental health organizational structure. However, the director of such an organization frequently continues to utilize the title of sanitary engineer and identify as such.

For similar reasons, local environmental health personnel have frequently had a chain of command leading to a state level "Director of Local Health Services", rather than to the State Director of Environmental Health. Such structures have served to preclude necessary coordinated state-local environmental health programming.

The role state environmental health organizations play with regard to local environmental health programs also varies considerably depending on:

- 1) the population of the state, and

2) the size of the community served by the local environmental health program.

Many of the more sparsely populated states have developed state environmental health service patterns more nearly resembling large local units in densely populated states, and thereby rendering more direct service programs than do more densely populated states. Typically, state environmental health agencies deliver less service to major metropolitan areas than they provide to smaller local environmental health programs, inasmuch as the larger units have frequently developed more effective and comprehensive local programs: For reasons such as the foregoing therefore, there is no typical organizational pattern or uniform role for state environmental health agencies.

It has already been indicated that most environmental health program components at the state level are lodged within the state health agency. However, a number of other state agencies have responsibility for specific aspects of environmental management and consumer protection. Included are such agencies as agriculture (improperly administering such environmental health programs as meat inspection, milk sanitation, food control, and pesticide regulation); labor (improperly administering such an environmental health program as occupational health and safety); natural resources (increasingly involved in such environmental health matters as air pollution control, water pollution control, and solid waste management) ; livestock (having a prime mission of protecting the livestock industry, but also frequently having responsibility for meat inspection programs); consumer protection (an apparent increasing trend to lodge all consumer protection activities including milk and food sanitation, hazardous substances, etc., in such agencies); conservation (increasingly involved in air, water, pesticides and solid waste programs); hotel and tourist commissions (sometimes administering regulatory activities such as food sanitation, and sanitation of hotels and motels); and various other single purpose or special interest agencies. Additionally, there are unmistakable indications that a number of states will eventually remove most or all environmental functions from state health agencies and place such responsibilities in separate departments of environmental management and consumer protection.

Traditionally, most state environmental health programs have been geared to a rather narrowly defined "health" goal that has provided another reason for program fragmentation within many states. However, most states now provide leadership and direction to programs and activities designed to insure an environment that will confer optimum health, safety, comfort,

and well-being on this and future generations. As previously indicated, the scope and organizational setting of such services vary widely.

In general terms, state environmental health programs within health agencies:

- 1) exercise direct program and regulatory authority in a number of important environmental management and, consumer protection programs. Such direct regulatory service programs commonly include water pollution control, air pollution control, occupational health, radiation protection, pure food control, solid waste management, public water supplies, municipal sewage treatment, and milk sanitation. In those states having well-financed, effective environmental health programs in major metropolitan areas, some of the foregoing responsibilities may be delegated to the local level. In sparsely populated states and rural areas of other states, the state environmental health agency may exercise direct authority in other programs such as food service sanitation; hazardous substances; product safety; insect and rodent control; institutional sanitation; migrant labor; recreational sanitation; pesticide control; environmental injury prevention; mobile homes motels, hotels, and lodging places; noise control; and swimming pools.
- 2) Provide technical and consultative program support to local environmental management and consumer protection agencies. Most states have specialists in each aspect of environmental health programs who can be utilized by local environmental health officials. .
- 3) Develop criteria, standards and legislation for state and/or local adoption. This aids in providing statewide uniformity and minimal requirements. However, progressive environmental health programs in metropolitan areas frequently find it necessary to adopt more stringent criteria, standards, and legislation than that which is acceptable, practical or necessary on a statewide basis.
- 4) Conduct surveillance and sampling programs on a continuing basis to assess contaminant levels *and* the impacts of environmental problems on man's health, comfort, safety, and well-being. Here again, much of this may be handled locally by major local health departments, but certain aspects of surveillance should either be accomplished by the state agency or the results made available to a statewide data storage system in order to properly assess problems.

- 5) Develop and utilize public information efforts, demonstrations, and other means to inform all segments of the state's society of environmental problems and benefits gained from high quality consumer products and a high quality environment.
- 6) Conduct research to advance knowledge of the impact of environment on man, and in order to develop effective environmental control measures.
- 7) Administer federal grant-in-aid funds for municipalities to construct environmental management facilities such as sewage treatment facilities.
- 8) Administer federal grant-in-aid funds for state and local environmental health programs such as those allocated according to Sec. 314-d of P.L. 89-749.
- 9) Administer federal grant-in-aid funds for local programs. The formulas for disbursing such state funds vary widely.
- 10) Review plans and specifications of proposed facilities, institutions, or establishments as a service to industry, local health departments, and all other segments of society. Much of this is also handled by major local health agencies.
- 11) Work with various civic, political, and industrial groups and agencies to ensure consumer protection and environmental quality through cooperative and voluntary means wherever possible.
- 12) Work with the federal government and other states to develop programs on an interstate basis where necessary.
- 13) Encourage local environmental management and consumer protection programs to be organized and administered on a problem shed basis with due regard for associated problems of air-sheds, transportation, water basins, population density, places of employment, production of goods and services, and recreation.
- 14) Conduct evaluation services to assess local program needs and program effectiveness.
- 15) Sponsor specialized training courses for personnel of specific industries or agencies as a method of helping to attain environmental management and consumer protection goals and objectives. This, of course, is also a function major local health agencies.

Those environmental health programs administered by state agencies other than a state health department are usually rendered on a direct service basis, with minimal coordination with local health departments. (The variety of such agencies has been listed previously.)

Some, however, have entered into working or contractual arrangements, allowing select local health agencies to administer that agency's program on a local basis. More commonly, however, such non-health agencies administer their programs as a direct service from their state-level agency.

In general terms, state environmental health agencies can probably most effectively administer those programs that require:

- 1) statewide uniformity; or
- 2) close coordination with other state agencies, other states, or the federal government; or
- 3) program expertise not available to local health agencies; or
- 4) environmental management conducted on an area or problem shed basis beyond the jurisdiction or capability of local units.

It is probable that the future will see additional environmental management programs conducted on the basis of problem-sheds, area-wide approaches, statewide, interstate, or regional bases, rather than the existing patch-work system of city and county lines and ineffective fiefdoms.

Either as a matter of direct service or technical consultation, state environmental health agencies should have programs appropriately relating to such environmental stresses as pollution, waste products, chemicals, radiation, pesticides, insects, rodents, light, pathogens, environmental safety hazards, noise, and adulterants in air, food, . water, land, or shelter whether in connection with homes, businesses, industries, vehicles, institutions, or recreational facilities insofar as they potentially affect human health, safety, comfort, and well-being.