

RELEVANCE OF THE ENVIRONMENT TO HEALTH PLANNING

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Modern environmental services must be so designed and administered as to manage any given environmental factor such as air, food, water, housing, or land where there is a significant health component. Perhaps this is where environmental services have a distinct difference from other type of community health services. Many other community health services can be designed in terms of disease or death - cause and effect relationships. Not so with the environment. Environmental services must involve considerably more than health if the program is to be accepted, effective, and retained within a "health" agency. When we talk about the environment we must not only consider health but also safety, comfort, well-being, esthetics, productivity, and maximizing the economic and cultural benefits of a healthy people.

What happens when we do not accept this broad definition of environmental services can be seen by merely observing the residual environmental programs left in many of our major Federal, State and local health agencies. In short, these agencies have frequently lost more environmental activities than they have retained. Functions have been and are being transferred to

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other agencies which will accept a broad management viewpoint of the environment. These programs have gone to such agencies as Interior, HUD, Public Works agencies, building departments, agriculture departments, and labor and industrial commissions. At this particular moment it is worth noting that the House Subcommittee on Science Research and Development has issued a report entitled, "Managing the Environment", which, among other things, recommends re-casting of certain Federal agency responsibilities to make the Department of Interior the lead agency in coordinating environmental engineering operations with relocation in that Department of HEW's air and solid wastes "non-health" programs and the Department of the Army's civil works functions of the Corps of Engineers.

In terms of planning, the results of not having a proper comprehensive environmental input may be that the area or state plans involved do not receive Federal approval, or it may merely continue to be another in a series of incidents which will help build up pressure for having separate environmental health planning funding or a separate environmental health planning act at the Federal level.

The preceding answers some of the "what" of environmental health planning. In considering the "who", we must insist on having any health planning effort include an array of environmentalists prominently among the membership and consultant personnel. As yet, we have really not produced a professional creature known as an environmental health planner. Therefore, in the interim we must continue to utilize advice of those who are professionally trained and experienced in environmental management. These personnel are primarily sanitarians and public health engineers, but must also include biologists, chemists, physicists, and land-use planners.

The "when" is easily answered. It is simply long overdue. Planning has largely been either meager or non-existent. This is already obvious in

that most states are still utilizing their block grant funds almost identical to the manner in which they were utilized as categorical grants. In other words, most of us have not planned enough to establish priorities so that block grant funds can now be re-allocated based on the priority needs of each State. One interesting exception is the State of Oklahoma. The Oklahoma State Health Planning Council took an early lead in establishing priorities or a "ranking of health concerns". From an environmentalist's viewpoint, it is noteworthy that the Council membership voted water quantity and quality as the matter of highest concern. Other environmental health matters such as accident prevention, consumer protection, solid waste disposal, and air pollution also ranked in a high order. This information would now seem to give this particular State a firm basis for re-allocating block grant funds based on known priorities. Other comprehensive health planning efforts seem to be in varying stages from either a condition of total lack of effort to one of almost attempting to establish planning as a goal rather than a method, a program rather than a service to other programs, or an end in itself rather than a means to an end.

The question of "how" is reserved until last. This point only causes many to re-emphasize that the "how" must include the involvement of environmentalists on a numerically sound basis as compared to the other disciplines involved in physical and mental health. Remember that P.L. 89-749, the Partnership for Health Act, always mentions "physical, mental, and environmental" together. With further regard to the "how" we must require development of a specific environmental component of the overall comprehensive health plan which will also consider physical and mental health.

The examples offered by my State are not examples of final success in planning, but rather examples of success in at least having some degree of environmental consideration and representation. One of our area-wide

planning efforts has given representation to environmentalists on a numerically sound basis. At the State level, opportunity has been made for having a specific environmental health planning component along with others which would include health facilities, health insurance, manpower development, voluntary health agencies, private medicine, and vocational rehabilitation.

Obviously, planning efforts cannot be confined just to those activities required under the Comprehensive Health Planning projects of the Federal Partnership for Health Act. We are constantly involved in planning in the budgetary process. Several states have now held Governors Conferences on Environmental Health Planning as a mechanism to determine problems and plan for their solutions. I have already mentioned that states should be in the process of planning and developing priorities so as to properly allocate block grant funding prior to development of a comprehensive health planning document.

One of the earliest efforts directed toward environmental health planning in the Albuquerque area took place in 1961. At this time, a Public Health Service official from the Metropolitan Planning Unit of the PHS contacted the Department of Environmental Health in Albuquerque to determine willingness to participate in conducting the first "field trial" utilizing the earliest draft of what later became the U. S. Public Health Service Environmental Health Planning Guide. The survey was completed as a joint effort between the Public Health Service and the Albuquerque Department. However, the survey findings and recommendations were never made public due to a disagreement over protocol by the two agencies. All participants agreed that all recommendations were valid. However, the local personnel found it inadvisable to be a party to recommendations which might offend other cooperating agencies such

as the Planning Department and Public Works Department. The Public Health Service conducted a number of other field trials utilizing this early draft of a planning guide, and, since then, have published at least three editions of the Public Health Service Environmental Health Planning Guide. The latest edition which is currently in use is quite useful, but also has a number of completely erroneous and misleading standards included in the Guide. Also, the Guide is not sufficiently comprehensive in scope to properly treat a modern comprehensive environmental health program. The Conference of Local Environmental Health Administrators has taken serious issue with some of the material in the Guide, and Public Health Service officials have promised that the items will be corrected in the next edition of the Guide.

Perhaps the next formal effort directed toward organized environmental health planning in Albuquerque area was the First Governor's Conference on Environmental Health Planning, which was sponsored by the New Mexico Governor, the Albuquerque Department of Environmental Health, the New Mexico Department of Public Health, and the U. S. Public Health Service. This was the first such Governor's conference held in the United States, and therefore we now refer to the effort as the First Governor's Conference on Environmental Health Planning. For several years the Public Health Service had been utilizing their refined Environmental Health Planning Guide as a focal point for promoting and sponsoring metropolitan environmental health planning conferences at a number of locations in the United States. Usually, such conferences had attracted considerable enthusiasm, but, frequently, there was insufficient follow-up or recommendations. Representatives

of the Albuquerque Department and the U. S. Public Health Service had wanted to conduct such a metropolitan conference for at least two years, but the concept had been repeatedly disapproved by officials of our State Health Department. During one visit with Mr. Norman Tucker, of the Public Health Service, we decided to make another effort at sponsoring such a conference and place it on a larger and more prestigious basis. We elicited the aid of Doctor Edwin O. Wicks, who had recently been appointed State Health Director, and he agreed to aid us in securing the Governor's approval for sponsoring a Governor's Conference on Environmental Health Planning. Governor Campbell and his immediate staff were very cooperative and considerably enthused over the possibility. Officials of the Albuquerque Department, the State Health Department, and the U. S. Public Health Service recommended a number of people to serve on a conference planning committee, and these individuals were appointed by the Governor. It was determined that the main items for consideration at the conference would include Housing, Water Resources, Problems of Suburbia, Recreation and Natural Beauty, Solid Wastes and Community Health Services. The three-day Conference was held in Albuquerque in March, 1966, and was well attended by approximately 300 representatives of business, industry, official agencies, and voluntary agencies. It was probably at this point that we made our first real blunder. We had not sufficiently structured the Conference nor had we done enough advance planning to preclude having too many recommendations emanate from the workshops. As a result, the recommendations for environmental health planning in the State of New Mexico were so numerous as to dilute their meaning and effectiveness.

The Conference itself gained considerable attention and we got a lot of mileage out of it. However, actual organized follow-up on the recommendations was practically nil. Although a number of the subjects considered by the recommendations have since been satisfactorily handled, such action was not necessarily due to the recommendations made by the conferees. The Conference was responsible for obtaining a lot of enthusiasm, visibility, and further understanding of the nature and needs of environmental health. Other Governors' conferences on environmental health planning or specific portions thereof, were later held at a number of other locations in the United States.

The Public Health Service officials were most anxious to hold a follow-up conference in order to (1) evaluate the effectiveness of the first conference, and (2) bring the recommendations of the first conference up to date and add any others that seemed timely. Governor Cargo approved the idea of having such a follow-up conference and it was held in Santa Fe on April 25, 1967. This Conference was poorly organized and structured. In retrospect, it is my opinion that a few individuals were so anxious to have a conference that not enough advance time on planning was given to insure its orderliness and success. The proceedings were also published and received some distribution.

With regard to our two Governor's Conferences, probably much good was derived from them but both suffered in not being properly structured; having too many recommendations; and not having effective, organized follow-up on recommendations.

When we first heard of P.L. 89-749 in Albuquerque, I confess that our immediate reaction was that this was an effort that should be conducted by our Department of Environmental Health,

or one that should be conducted by the Department of Environmental Health in cooperation with the Department of Personal Health. We were quick to learn, however, that the scope of comprehensive health planning is far beyond the scope of organized official health agencies. The Community Council of Albuquerque began to indicate an interest in organizing such a comprehensive health planning effort on an area-wide basis. This seemed logical to those of us in official agencies, and while we approved of the organization and the concept, the Community Council steadfastly ignored our interest. It soon became apparent that the Community Council officials still had not learned what is meant by "comprehensive health" in that they were thinking only in terms of health facilities. At this early stage, it seemed that they only wanted to re-designate their Health and Hospital Facilities Planning Council as the new council to administer the provisions of the Partnership for Health Act on an area-wide basis. We made numerous overtures to officials of the Community Council and also to the Regional Office of the Public Health Service regarding the misunderstanding of "health", and we continued to be ignored. Finally, we were forced into the position of formally advising the Albuquerque Community Council that they would not receive the necessary sanction from the Department of Environmental Health nor the City of Albuquerque until proper official recognition was made of (1) comprehensive health planning, (2) the area-wide approach, and (3) the necessity of including "physical, mental and environmental health" interests as required by P.L. 89-749. This communication did not seem to create any ill-will and resulted in recognition of the three points listed above. We received



formal appointment to the Council almost immediately. I was also able to have my assistant director appointed as the Executive Director of the Comprehensive Health Planning agency.

Since then, the Albuquerque effort seems intent on giving proper recognition to all major factors in comprehensive health planning and a number of other environmentalists have been appointed to the Area-Wide Health Planning Council. The Council has received Federal funding for a two-year organizational grant. The Council staff has indicated that they envision contracting with the Albuquerque Department of Environmental Health for the purpose of environmental health planning on an area-wide basis. The Albuquerque Department of Environmental Health has already hired an environmental health planner who is responsible for relating the planning efforts of the Department to those of the Area-Wide Comprehensive Health Planning Council, the Council of Governments, the State Comprehensive Health Planning Council, the Model Cities Program, and the Tri-County Solid Waste Disposal Study.

Late in 1967, Albuquerque was chosen as one of the original Model Cities. An administrative staff was selected for the Model Cities program, the Director being a former sanitarian with the Albuquerque Department of Environmental Health. The original Model Cities application had contained little reference to any aspect of public Health. The HUD guidelines which were developed for Model Cities planning also made little provision for environmental health or environmental health components. We took the liberty of suggesting that there be separate planning categories within the Model Cities program for environmental health and

visited the area or otherwise contacted us, and continually assured us that the project would be funded and that "the money was waiting". In the final analysis, the project was not funded (perhaps due to the financial demands of the Viet Nam situation), and the Public Health Service invited us to apply for a rather large "study and investigation" grant in order to further study the situation and plan for the best method of transportation and disposal. This application was funded for a \$100,000 one-year study and investigation project. The City of Albuquerque secured cooperative statements from all of the other local governmental units and contracted with a local consulting engineering firm which in turn contracted with another consulting engineering firm which has had considerable experience in problems of solid waste planning.

The Department of Environmental Health has also participated extensively in a local program known as "Goals for Albuquerque". Department personnel have recommended environmental health goals for the community relating to all components of a modern environmental health program.

At the State level, we were able to insure the inclusion of environmental health into comprehensive health planning at an early date. A task force on environmental health was designated and the task force is now developing statewide goals, objectives and an inventory of problems and needs and recommendations for proper environmental health planning in New Mexico. The U. S. Public Health Service has indicated considerable interest in environmental health planning in our State, and it is possible that PHS may assign an environmental health planning officer to

aid us in this effort, so as to help provide us with a plan and provide the Public Health Service with a useful document and an experienced environmental health planning officer.

So much for specific examples. Now, what is the relevance of environmental health to total, comprehensive community health planning. Environmental health programs should encompass all environmental factors and contacts where there is a significant health component. It is only proper to re-emphasize, however, that modern environmental health programs must also have important components relating not only to health, but also to safety, comfort, and economic and social well-being if the programs are to be effective and acceptable. But we cannot have comprehensive health planning, community health planning, or effective physical or mental health programs unless balanced attention is also given to the environment in which people live.

I have listed examples of environmental planning which have included goals and recommendations relating to such environmental concerns as pollution, wastes, food, land-use, housing, and insect and rodent control. The physical or mental health of an individual will never reach a satisfactory level unless he lives in an environment managed to promote optimum physical and mental health. We cannot entirely eradicate many disease situations when we have open garbage, flies, unwholesome food, slums, polluted water and air, and improper land-use. As a duty to the consuming public, all health planning efforts must insure attention to the environmental components. Such attention is not only a "must" for a livable environment, but also for positive mental and physical well-being. To ignore the compelling problems of the

modern environment would be to defraud the public, and insure the ineffectiveness of all other programs in the total health spectrum.