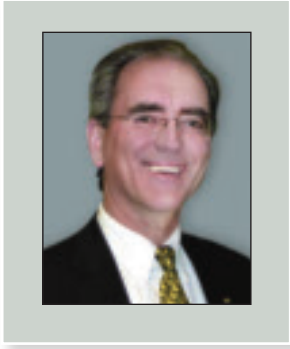


## ▶ MANAGING EDITOR'S DESK



Nelson Fabian, MS

As governments began to respond to the crushing impact that the Great Recession was having on their budgets, the term “new normal” started showing up in the literature that was covering their story. In the sobering conversations taking place in municipal buildings across America, local leaders in government realized that the period we had entered into was not the typical economic cycle that would eventually end with some semblance of a “return to normal.” On the contrary, the idea and concept of a “new normal” began to take root in the thinking of local leaders and the profession of public administration.

The concept of a new normal is that the financing of local government and the services it provides, inclusive of environmental health, are irreversibly changing. Of the “new normals” now defining governmental financing, none have been more powerful than those that stipulate that property and sales tax revenue will *not* always climb and that cities and counties *no longer* maintain an absolute ability to raise taxation levels when the need arises. The circumstances of these past three years, and a reluctant acceptance of the factors that have caused them, have forced many local leaders of government to accept that their budgets must now be based on smaller amounts of revenue. In turn, this development has prompted communities and counties to re-examine what services they should be providing and what appropriate “levels of service” should be. (These decisions have also involved looking at what other community resources could take over some of the services previously provided by government.)

## The Centrality of Environmental Health to the Communities We Serve

### Case Study: Joplin, Missouri

*The problem that we are seeing is not—as our old narratives would have us believe—that community leaders have a low regard for environmental health.*

The brutal laws of economics that require that an organization live within its means have further been accentuated by the politics of our time and a decline in support for government spending. It comes as no surprise that 13 governors and 1,262 state legislators have as of this writing signed a pledge not to raise taxes. Those numbers multiply many times when taken down to the local level.

As governments search for ways to operate within these new normals, a growing number of them are finding their way into some form of priority-based budgeting (PBB). In its simplest form, this process begins with an exercise that defines why a particular government even exists. The answer to this question gets expressed in terms of “outcomes,” which

essentially represent what a government believes it is in business to accomplish. Examples of outcomes include a safe community, a sustainable community, and so on.

The significance of this step in the process is that it focuses a community’s attention on what its priority outcomes are. *Those outcomes then become the basis for a community’s spending decisions.*

One of the crucial and unique elements of this budgeting process is that it does not correlate departments with outcomes. Rather, communities are required to compile an inventory of their programs. (A department typically sponsors many programs. In an environmental health department, for example, programs include food safety, nuisance complaints, on-site reviews, housing inspections, and so on.) Once these program inventories are built, every single program is then mapped out to determine the extent to which it contributes to the realization of one or more of the previously defined outcomes.

Depending on how strongly a program contributes to an outcome, a priority ranking of programs then becomes possible. Not surprisingly, those programs that contribute the most to the realization of the outcomes that communities see themselves in business to achieve get allocated the highest levels of funding through the budgeting process.

I will have much more to say about this in future writings because NEHA has had the audacity to become involved in priority-based budgeting in a major—if not exuberant—way. We’ve done this out of a brimming confidence that if we could get communities

*continued on page 44*

**Managing Editor's Desk***continued from page 50*

*No building in Joplin, Missouri, was sacred in the tornado's path of destruction on May 22, 2011. Only the columned entry of this Lutheran church remains standing in a field of debris as a skeleton reminder of what used to be.*



*Testament to the total devastation caused by the Joplin tornado that spanned seven miles long and one mile wide, neighborhoods were torn apart and became unrecognizable landscapes of destruction. This level of devastation posed many threats to the environmental health safety of community.*

Photos by Jon Johnson.

to go through this exercise (and particularly the exercise of defining outcomes), the relevance and value of the programs we sponsor in environmental health would finally become apparent. In fact, we already have evidence from this program that environmental health is showing up all over the outcomes that communities are defining. If that result continues, then presumably the funding that we have been fruitlessly searching for through dead-end strategies that have tried to turn us into marketers might finally materialize.

We have hired two financial professionals who have invented a particularly elegant and effective version of PBB. We have further created the first of its kind Center for Priority Based Budgeting. The center's staff are already contracted out to guide 19 different communities through priority-based budgeting. These governments range from cities as large as San Jose (America's 10th largest city); as environmentally dependent as Monterey, California; as innovative as Boulder, Colorado; and as suburban as Blue Ash, Ohio.

To our gratification, the outcomes that these cities have been defining do indeed speak quite directly to environmental health and the work that we do ... and should be doing. Examples of outcomes that we are seeing over and again

include "safe communities" (and if environmental health isn't about safety, I don't know what is!); healthy communities and neighborhoods, which includes major considerations for community design and the health implications of the built environment; and sustainable communities, in which environmental health has a huge role to play, and so on.

The problem that we are seeing is not—as our old narratives would have us believe—that community leaders have a low regard for environmental health. Their support for environmental health outcomes is actually quite high. The real problem is that they don't yet recognize that their priority outcomes are also environmental health outcomes. For example, community leaders say that they want healthy communities, an environmental health outcome if there ever was one. The problem is that community leaders don't realize that environmental health is relevant to this outcome.

This insight provides NEHA with what we have been looking for. We now understand that if we can demonstrate that our profession is "relevant" (a word that I have used time and again in my columns) to the outcomes that communities seek, we seal our case for environmental health.

So that is what we are now focused on, as our new initiatives help you make that case to your local policy makers and administrators.

Recently, we had the opportunity to let nature make the case for us.

One of our center staff, Jon Johnson, went to Joplin, Missouri, to talk to and watch that city's leadership as they began to deal with the worst tornado disaster in American history. Whether we were talking about public safety, a healthy community, a sustainable community ... environmental health was all over the place.

The following examples from Joplin of how vital environmental health is to a community make the case for our profession's work in powerful ways:

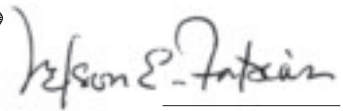
- Work was quickly initiated to understand and deal with an aggressive fungus that was responsible for some deaths almost two weeks after the tornado. The fungus was caused by soil and vegetation becoming embedded in wounds or under the skin of those who survived the tornado.
- Residents and the hundreds of volunteers and public safety officers who were involved in recovery efforts needed to receive tetanus vaccinations to protect themselves as they dug through the debris.

- These same people also needed protective masks and gloves as they dug through the debris; many of the homes and buildings that were demolished or damaged were old and the danger from asbestos and other contaminants that were being carried in the air was fairly high.
- Over 1,400 household pets that were separated from their owners needed shelter. Many of these animals were injured and needed treatment.
- Rodent control quickly became a challenge as rats invaded the debris.
- Pets that were killed in the tornado had to be found and disposed of.
- Health issues related to human body parts that were being found all over the community had to be addressed.
- Groundwater and storm water gasoline contamination resulting from destroyed gas stations and convenience stores also had to be addressed.

- Stagnant water throughout the impacted area that had become worse with three subsequent days of rain had to be dealt with.
  - Underground storage tanks had to be checked to see if they had ruptured.
  - Restaurants and grocery stores had to be inspected to ensure that damaged, destroyed, or unsafe food was quickly discarded.
  - Temporary shelters had to be inspected to make sure that safe food was being served and that the conditions within these shelters were safe and healthful.
  - Plans had to be designed and implemented to both locate and dispose of household chemicals that were found in destroyed structures.
  - Coordination with the hospital that was destroyed in the storm was needed to make sure that drugs and medical supplies were being secured and properly disposed of.
- As was reported to me, yes, other elements of the community were involved in the torna-

do aftermath. At the Emergency Operations Center, however, no program had higher visibility or a more crucial role to play than environmental health. Public safety, healthy communities, sustainable communities—the importance and centrality of environmental health to the outcomes held dear by Joplin were clear and visible.

In the days ahead, our task is to achieve this same level of clarity between environmental health and desired community outcomes in governmental jurisdictions throughout the country—without having to have a tornado to do this for us. That task is what NEHA is accomplishing through the work of our new center program and our efforts to educate you on how to use the results of this work to advance desired environmental health outcomes. 🐹



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