

President's Message

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Getting Beyond Mandated Services

In my last column, I wrote about the value of involving stakeholders in mandated-service programs both to gain insights into ways of better running our programs and to reduce our invisibility as a profession. In this column I will examine the ways in which some local and state environmental health departments have moved beyond the mandated-services boundaries into involvement in other environmental health and protection programs.

Some environmental health programs at the local level maintain some presence in the area of toxic and hazardous material control within their communities, even though many of these responsibilities were transferred to federal and state environmental protection agencies in the 1970s and 1980s. My own experience with this area of work came in the mid-1980s in Ann Arbor, Michigan, where, shortly after the 1986 chemical-release disaster in Bhopal, a locally adopted law mandated the disclosure of toxic and hazardous products and wastes. At the time, Ann Arbor was also dealing with some groundwater chemical-pollution issues.

The new law allowed us to engage a new regulated community in its implementation. The reporting requirements of the law provided information that enabled the health department to become involved in community-based emergency-planning efforts in collaboration with many sectors of the community. The law also led to training of health department personnel in hazardous materials response. Those personnel became a community asset for emergency responses to chemical releases along with traditional first

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responders. The chemical inventories were useful to community members who were interested in the chemicals stored in their communities, and program staff were frequently asked to present information to various audiences. The new law also led to an increase in requests for records under the public-records access laws; we became of service to many consultants in real estate transactions.

Later in my career, I moved to DeKalb County, Georgia, and was fortunate to work

for one of my public health heroes, Dr. Paul Wiesner. He is a visionary leader and prominent in national circles. At the time (the mid-1990s), new models for community involvement were being developed at national levels. Wiesner was one of the first to put those models into motion at the local level. He was involved in the creation of the Mobilizing for Action through Planning and Partnerships (MAPP) protocol and the associated Protocol for Assessing Environmental Health Excellence in Environmental Health (PACE EH). I tried to argue for a separate PACE EH process in the county, but Dr. Wiesner wanted to make sure that the community groups would not be confused—and perhaps overwhelmed—by separate surveys and community meetings for two separate public health assessment models. He did, however, support the idea of combining the assessments in a MAPP/PACE EH effort, as well as the transformation of a vacant staff position into the position of Community Collaboration Coordinator to enable us to more fully engage the community in environmental health issues. The MAPP/PACE EH process involved many community meetings and surveys that aimed to clarify what needs the community saw as its highest public health and environmental health priorities. As the assessments progressed, it became clear that the community saw needs at the environmental health and environmental protection ends of the spectrum as matters of high priority. Thus, the community assessment process gave more visibility to the environmental health program as a whole.

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A few years later, A U.S. Environmental Protection Agency (U.S. EPA) Community Action for a Renewed Environment (CARE) grant process allowed the department to extend this work and plan for further investigation of community needs in the county. The initial assessment process had shown that community needs varied across the county, where over three-quarters of a million people lived and many more worked. For the CARE process, our Environmental Health Division decided to listen to the community environmental health needs of two subcommunities of the overall DeKalb County population.

The Clarkston community was the first area we chose to engage. This community has a large refugee population from war-torn parts of the world. To assess its environmental health and environmental protection needs, we convened gatherings of small groups and larger community forums, conducted high school classes and surveys, and held meetings with city council officials. Rundown rental accommodations, sedimentation filling in an area lake, lack of sidewalks and enough public transportation options, and littering were among the issues this community saw as high-priority environmental issues. Some of these issues had a connection to the traditional environmental health nuisance response program, but some were new areas of opportunity for collaboration between staff and the community.

As I left the department, county employment program staff were moving on to listen to a very different community, one in South DeKalb with a predominantly African-American population. This community had over the years been vocal in county politics about environmental-injustice issues, including the siting of several major, active landfills servicing the whole Atlanta catchment area and the alleged health and quality-of-life effects these activities had within their neighborhoods. This issue, combined with the presence of many other sites of environmental contamination, meant that our environmental health unit needed to become a resource for information on health impacts. We sought and successfully secured state funding for a position specializing in this area. The new staff members, among other activities, researched the effects of landfill gas on the population. The

information was used to create a pamphlet for the community; subsequently, the state environmental health office used this material to create a pamphlet for other communities grappling with the issue of landfills and people living nearby.

Like other major cities, Atlanta has had a tremendous surge in homebuilding that has left some areas of infrastructure lagging behind. The South DeKalb area was no exception, and many trees were being removed to allow for easier construction. Removal of trees can leave an area with seemingly more concrete and blacktop than natural environment. In the heat of Southern summers, the result is a heat island effect.

The Community Collaboration Coordinator and I became involved with the county and city planning and zoning officials as we became increasingly concerned about built-environment issues. Our engagement with this issue was supported by the communities we were listening to in the community assessment processes. Initially we commented on the development proposals within our mandated program boundaries, but our involvement quickly moved to the broader environmental health and protection issues the community was bringing forward. For instance, many schools were needed to meet the surge in population. We increased our connection with the school planning officials and stepped up our involvement beyond the traditional food service and pool inspection programs. Our comments now looked at future indoor air quality protection, safe walking and biking routes, reducing the need for portable classrooms, and many other factors.

Our involvement with the planning and zoning processes led to a situation in which we were able to bring forward some seemingly intractable issues. For instance, DeKalb was a major metropolitan county that still heavily relied on rural sewage disposal systems. The surge in housing had not been accompanied by a large expansion of the municipal sewer system. Large numbers of small and aged septic systems were located far from any sewer. By commenting within the community long-range, or master, plan, we were able to attract attention to this situation from the county commissioners and the county water and sewer department. This notice led to the creation of a draft proposal for an adjusted sewer extension plan for areas in which septic systems were failing and

a revolving fund to assist homeowners in making sewer connections.

The search for affordable housing has led to the phenomenon of old motels being converted into living quarters without the addition of the equipment needed to make the living situations safe. Typical motel rooms—with a sink and bathroom and no cooking equipment—have become homes for many people, sometimes for months and years, and many residents set up dangerous cooking arrangements. Increasingly, a proportion of the inhabitants of these long-term-stay facilities were single mothers with several children. We identified these fire and safety risks in the comments we submitted to the Community Ten Year Master Plan, and as a result, the issue has attracted policy maker attention and has made front-page news in the major Atlanta papers.

I hope these examples will encourage environmental health professionals to think beyond the boundaries of the traditional mandated-services approach and reach out to the communities we are serving to meet their environmental health needs.

There have been a number of responses to my earlier columns on the invisible profession and the many symptoms of invisibility. One correspondent sent me a number of articles by James (Jim) Harless of the Tennessee Department of the Environment and Conservation concerning the establishment of an Environmental Advisory Board. As I read Jim's articles and Web site (www.eacnetwork.org), I thought that this idea could allow environmental health units that are still locked in mandated-services-only approach to move into new territory. Jim has offered to assist any departments thinking about this approach.

Many environmental health goals can be met at the local level if we are courageous enough to make new partnerships and work together to solve community issues. Taking these steps will help us repair the historical and programmatic rift between environmental health and environmental protection. I believe it will also reduce the rotating-door syndrome of trained environmental health personnel leaving for greener pastures. Ultimately, all these effects will help reduce the invisibility of environmental health work. ■■■

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