

PRESIDENT'S MESSAGE

Privatization and Environmental Health Service Delivery

...John M. Barry, Ph.D.

During the decade of the 1980s, there was a tremendous surge in the number of local governments that embraced the concept of privatization as an important management tool. The idea of privatization grew because of mounting fiscal pressures and popular concern about growth in government. Privatization, as it has emerged in public discussion, is not one clear and absolute economic proposition; it covers a wide range of different activities. In essence, it is the payment of public dollars to private providers for services to the public. Popular things to "contract out" have been security, custodial services, recreation programs, solid waste disposal, recycling, and a variety of other services that may be performed more efficiently by the private sector.

Just what provides fuel for driving local public (and necessarily political) discussion on the issue of privatization? Again, the list is long. Examples of trends include limited resources, rising taxes, federal and state mandates (especially those that are unfunded or under funded), rising citizen service demands, and the belief that the private sector is more efficient than the public sector. Such trends are likely to continue through the remainder of this decade and into the next century for many municipalities. Furthermore, these trends are exacerbated by the fact that most municipalities do not have a readily identifiable alternative revenue source that may be tapped to keep pace with rising costs and citizen expectations for expanded service levels.

How this trend will affect the delivery of environmental health services depends upon the individual program. Obviously, those regulatory functions such as restaurant inspections and approval of on-site wastewater systems should be considered only after other programs such as vector control and solid waste activities have seen attempts at privatization. While the effect on the public may not seem to suffer if privatization is

done properly, the individual environmental health practitioner may have reason to be concerned, for as services are contracted out, fewer personnel will be needed, and further cutbacks in environmental health staff may be seen.

We do have options. We can complacently sit back and take what is handed out or we can be pro-active and participate in the development of a comprehensive privatization philosophy, policy, and strategy that will deliver the best services to the public.

A comprehensive privatization philosophy should embody the following: local government bidding against the private sector (competition); cost savings to local government; service delivery improvement; and protection of revenues.

Concurrently, the established privatization policy should include: establishment of a list of services which are appropriate for

privatization, and establishment of a mechanism for maintaining the accountability of the services provided by the private sector.

Finally, a privatization implementation strategy should be devised to: study and evaluate existing services/facilities provided by the local government; decide the criteria that should be used to evaluate which existing services/facilities should be privatized; recommend particular services/facilities that should be considered for privatization; develop a privatization review process; develop a service contracting policy; and develop an asset management policy.

Someone once said, "If you ain't movin', you're falling behind." Protection of the public's health and the environment should not be allowed to fall behind, but it will if we as individuals don't act pro-actively. Privatization is a reality; it is not something to be ignored.



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