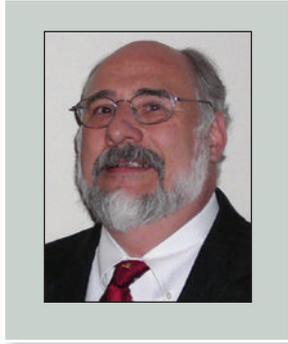


► PRESIDENT'S MESSAGE



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Making Environmental Health Indispensable

The “2015 Forces of Change Survey” published by the National Association of County and City Health Officials (NACCHO) estimated that over the previous seven years (2008–2014) approximately 51,700 jobs were eliminated at local health departments. This represented more than 20% of the local public health workforce. Thousands of the positions that were eliminated were in environmental health.

I, like many of you, saw firsthand the impact of the loss of so many positions from the environmental health workforce. In my work unit we lost two of 13 full-time professional positions. Our vector control program was nearly eliminated and our food safety program was downsized. It was a continual fight to save as many of our positions and resources as we eventually did.

As we engaged in the perennial budget battles, I began to observe how other city departments made their case for continued program funding. Some departments would offer up their most visible and popular services for cuts believing that no cuts would be made if they did not offer any politically viable plan for budget reduction. This disingenuous “Washington Monument” strategy often just angered top decision makers and resulted in a fixed percentage of that department’s budget being cut. (It is called the “Washington Monument” strategy in reference to the National Park Service’s [NPS’s] decision, when faced with budget cuts in 1969, to close the Washington Monument for two days a week. Congress restored the NPS funding as a result of the public outcry, but the NPS director was forced to resign.)

I believe that we need to establish clear voluntary national performance standards for local environmental health services.

Other departments, such as our community services board (CSB), mobilized their clients to lobby our city council directly. At budget hearings CSB clients (or the friends and families of their clients) would relate touching stories about how CSB services helped them successfully cope with disabilities, mental illness, or drug abuse. The personal stories of the positive impact of CSB services often helped CSB minimize the cuts to their budget. Our city council did not want to seem uncompassionate.

Some organizations funded by the city such as the small business development center and the planning and zoning department argued that the services that they provided were critical to business development in the city and, by extension, growing the city’s tax base. The case was made that programs

that helped businesses succeed ultimately resulted in more tax revenue than the investment made in these programs.

Some departments justified parts of their budget based on the need for the city to reduce its risk or liability in a particular area. For example, improvements were made to some public buildings to abate fire or safety hazards, to remove asbestos, or improve ventilation.

Most successful in the annual budget battles was the local fire department. Everyone understood the role of the fire department. Everyone knew what EMTs and firefighters did. No one questioned that they were essential to the health and safety of the community. No one questioned their need to maintain the capability to respond to various types of emergencies, some of which occurred rarely. In short, fire and emergency management services were considered indispensable.

Further, clear national performance standards from the National Fire Protection Association specified that on-scene emergency response should be within four minutes at least 90% of the time. The fire department had excellent data on its actual response times and could show which parts of the city had slower response times that construction of a new fire station or addition of more staff would address. Failure to meet national standards had potential implications on the cost of fire insurance for property owners.

Those annual budget battles helped me understand why environmental health was often a low priority program in city government. Environmental health was not seen as being indispensable. For me, the five key lessons learned were as follows:

- Environmental health as a profession has done a terrible job of helping the public understand the value of what we do. In a previous column (“We Haven’t Told Our Story”; www.neha.org/sites/default/files/publications/jeh/JEH10.15-Pres-We-Havent-Told-Our-Story.pdf), I made some recommendations on improving the visibility of environmental health. Decision makers have to clearly understand what environmental health does before it will be adequately funded.
- Environmental health needs to mobilize its clients to advocate for environmental health services. Residents and local businesses (i.e., voters) have a huge effect on resource allocation by local governments. When environmental health clients speak out in support of environmental health programs, decision makers listen. For example:
 - » When local restaurant owners support the collaborative food safety programs of the health department, those programs get funded.
 - » When contractors explain to decision makers the importance of prompt environmental health plan review and construction inspections to business development, those programs get adequately staffed.
- Environmental health needs to describe its programs more graphically in terms of reducing health risks, preventing economic losses, and limiting liability. Sometimes it is helpful to frame this dialogue with leading questions such as
 - » What would the city’s potential liability be if a foodborne illness outbreak occurred at one of our local schools?
 - » What would the impact be on local tourism if an outbreak of mosquito-borne illness occurred in the community?
- Environmental health should use fire department analogies to explain the importance of its programs in preventing disease and injury and in maintaining its capacity to respond to emergencies. For example:
 - » Restaurant inspections are like smoke detectors—they often provide an early

warning of a condition that could cause injury or loss of life in time for us to respond and take corrective action before a tragedy occurs. Reducing the number of inspections of restaurants is like taking the batteries out of half your smoke detectors.

- » Our fire department seldom needs its 100’ ladder truck. It didn’t wait, however, to purchase one until a fire happened in a tall building. Similarly, it would be foolish to eliminate a vector control program and then wait until an outbreak of chikungunya or dengue fever occurs to start rebuilding the capability to respond. A good vector control program that knows the local mosquito species and their local habitats takes several years to develop.

Environmental health needs objective national performance standards. As a manager, as I fought the annual budget wars, I used the Food and Drug Administration’s Voluntary National Food Regulatory Program Standards as an objective measure of how our food safety program was doing. On a quarterly basis, I reported how many of the standards we met to the city manager and city council. Every quarter I reported that we did not meet Standard 8 because our staffing level was inadequate. Eventually an environmental health position in food safety for which we had lost funding was restored.

As Dr. Dyjack announced at the Annual Education Conference & Exhibition in Orlando, NEHA is fully committed to “ripping the cloak of invisibility” off the environmental health profession. Beyond helping the public and decision makers understand what environmental health professionals do and why it is important, however, I believe that we need to establish clear voluntary national performance standards for local environmental health services. Doing so would help us clearly establish the need for adequate staffing and resources.

Some years ago, the Centers for Disease Control and Prevention facilitated the development of the “Environmental Public Health

Performance Standards.” (The most recent version can be found at www.cdc.gov/nceh/ehs/envphps/docs/envphpsv2.pdf.) These standards are well written and are based on the “Ten Essential Public Health Services.” In my view, however, these standards don’t go far enough in helping local environmental health units adopt SMART (Specific, Measurable, Achievable, Relevant, Time-Bound) programmatic goals that are based on accepted national standards. As an example, an appropriate standard for investigation of public complaints about possible foodborne illness might be, “An environmental health investigation of a complaint about a possible foodborne illness should be initiated within 24 hours after the time the complaint is received at least 95% of the time.”

As management guru Joseph Juran said, “Without a standard, there is no logical basis for making a decision or taking action.” With clear voluntary national performance standards for local environmental health services, local governments could easily see where the performance of their environmental health units fell short and what staffing levels and resources would be required in order to meet the national standards.

I would hope that these standards would meet the American National Standards Institute (ANSI) criteria for voluntary consensus standards development based on stakeholder input, best practices, and applicable research studies. Perhaps Underwriters Laboratories (UL) and NSF International (both of which have extensive experience in standards development for everything from electrical equipment to water treatment devices) would partner with NEHA in such an effort.

In the coming year, I hope that we can begin a conversation on how consensus voluntary national programmatic performance standards for local environmental health services could be established. Your input into that dialogue would be welcomed. What should environmental health performance standards look like? 🐹

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