

Myths Can Be Hazardous To Your Practice
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A number of myths prevent environmental health and protection practitioners from fully and effectively embracing the field of practice.



Environmental health and protection practice should be in your hands,



rather than a burden on your back

MYTH # 1: ENVIRONMENTAL PROTECTION ISN'T ENVIRONMENTAL HEALTH

Among the more common is the myth that environmental health and environmental protection are separate fields of practice. This misperception first arose when the U.S. Environmental Protection Agency, state EPAs, and many local counterparts were developed in the early 1970s. Environmental health and protection practitioners and academic programs developed the myth that the field of practice was “different” if it was not in a health department, ignoring the reality that most of the programs transferred to EPA were previously assigned to the Consumer Protection and Environmental Health Service of the U.S. Public Health Service and were obviously environmental health. The same occurred as numerous state and local “EPAs” were created.

There are myriad examples of such myths in the fields of food protection, housing conservation and rehabilitation, air pollution control, water pollution control, hazardous waste management, noise pollution control, milk sanitation, meat inspection and industrial hygiene, among others. For example, air pollution control was assigned to the Los Angeles

County Health Department prior to the creation of the Air Quality Control District. Subsequently, many environmental health and protection practitioners have regarded the Air Quality Control District's activities as something other than environmental health and protection.

The goals of all such programs are environmental health and protection, no matter where assigned. Objectives and regulatory requirements are based on environmental health and protection.

Prior to Earth Day, most environmental health and protection programs, as they then existed, were assigned to health departments. The clamor that arose regarding environmental deterioration and the perceived, if not actual, inactivity of the USPHS caused President Nixon to create EPA by Executive Order and the action was promptly approved by the Congress. Environmental health and protection responsibilities were transferred to EPA not only from the USPHS, but also from several other agencies including Agriculture, Atomic Energy, and Interior. Notwithstanding these changes, major environmental health and protection responsibilities remain in the federal departments of Agriculture, Interior, Defense, Labor, Housing and Energy. A similar trend continues to occur at the local level. In terms of expenditures and numbers of personnel, some 85 to 90% of state level environmental health and protection responsibilities are now assigned to agencies other than health departments. Local environmental health and protection programs are primarily in local health departments, but are increasingly found in a spectrum of other city, county and district settings.

The cover letter of the "Report of the Committee on the Future of Environmental Health" recommended:

- That the organizational title of NEHA be changed to National Environmental Health and Protection Association to recognize and adjust to changes that had already taken place in our nation, place the association in an improved position for leadership, and enhance membership marketing efforts beyond those who identify with environmental health only.
- That the title of the Journal of Environmental Health be changed accordingly.
- That the Journal banner be changed from "Dedicated to the Advancement of the Environmental Health Professional", to "Dedicated to Protecting Human Health and Environmental Quality."

MYTH # 2: ENVIRONMENTAL HEALTH IS A PROFESSION

This myth appears to be attractive, but it is based on a fallacy. A partial listing of those professionals and disciplines practicing environmental health and protection includes sanitarians, engineers, biologists, chemists, geologists, veterinarians, physicians, toxicologists, attorneys, public administrators, statisticians, epidemiologists, environmental health professionals, political scientists, educators, nurses, economists, planners, industrial hygienists, physicists, dentists, bacteriologists and ecologists, among others. Each is a vital component of the mosaic of professions and disciplines effectively applying their professional skills as environmental health and protection practitioners. Such practitioners range from sub-baccalaureate technicians through various doctoral level professionals. They are found in the public sector, the private sector, the voluntary sector, the educational sector and the research sector. Environmental health and protection is a profoundly complex, multifaceted, multidisciplinary, and interdisciplinary field of endeavor. Environmental health and protection is a field of practice in which to practice one's profession.

This multidisciplinary and multiprofessional nature of the environmental health and protection workforce is a distinct strength and should be emphasized. Having such a diversity of professions and disciplines in the field of practice leads to greater creativity and improved programs rather than a single profession "cookie cutter" approach.

Identifying and explaining this myth is, of course, considered heresy among by true believers.

MYTH # 3: ENVIRONMENTAL HEALTH AND PROTECTION IS A MINOR PORTION OF THE FIELD OF PUBLIC HEALTH.

The incomplete and misleading annual public health expenditure reports developed under contract with CDC only include data from programs under the designated state health official, and have ignored the activities of other state and local agencies having major environmental health and protection responsibilities. Other studies indicate that at the state level, in terms of numbers of personnel and expenditures, some 90% to 95% of

environmental health and protection is administered by agencies other than state health departments. Overall, environmental health and protection is the largest single component of the field of public health and comprises approximately 50% of total public health in terms of numbers of personnel and expenditures.

MYTH # 4: ENVIRONMENTAL PROTECTION AGENCIES AND PROGRAMS ARE “JUST REGULATORY.”

All basic environmental health and protection programs, as differed from support services, have statutory bases and provide for various remedies including a spectrum of regulatory actions. Such programs include, but are not limited to: food, water, air, housing, wastes, safety, noise, and land use. Regulation is just one of many tools in the environmental health and protection toolkit.

MYTH # 5: PRACTITIONERS ARE “INSPECTORS.”

The use of this term poses another barrier to those attempting to gain improved recognition of practitioners. There are plumbing, zoning, building and electrical inspectors, but the term should not be applied to environmental health and protection practitioners who are required to have significant academic training. They may be epidemiologists, planners, sanitarians, engineers, geologists, physicians, veterinarians, chemists, biologists, e.g., and should be identified accordingly if they are to be recognized as professionals rather than “inspectors.”

Many practitioners do “inspect,” but equally or more important functions include education, consultation, problem analysis, planning, impacting public policy, regulation, program design, program evaluation, problem prioritization, networking, surveillance, public information, marketing and epidemiology – among others.

MYTH # 6: LOBBYISTS ARE EVIL.

Lobbyists represent every facet of the American economy and interests. We all represent the special interest of environmental health and protection. The right to freedom of speech and the right to petition are ensured by the Bill of Rights of the U.S. Constitution. Public policy

officials depend on lobbyists to provide information.

As Cabinet Secretary, I was required to register as a lobbyist in order to testify and contact legislators promoting the interests of the Health and Environment Department. Earlier, I received vital support from numerous industry lobbyists in order to gain enactment of various environmental health and protection statutes as well as approval for creating the New Mexico Scientific Laboratory System, the New Mexico Environmental Improvement Agency and the Albuquerque-Bernalillo County Environmental Health Department.

MYTH # 7: PUBLIC HEALTH IS A COMPONENT OF HEALTH CARE.

This is another myth that has been a significant disservice to environmental health and protection. Environmental health and protection may be considered a major component of the health services continuum, but has little programmatic relationship with health care.

Health care is the diagnosis, treatment, and/or rehabilitation of a patient under care and is practiced on a one-on-one basis.

Public health is the art and science of preventing disease and disability, prolonging life, promoting the health and efficiency of populations, and ensuring a healthful environment through organized community effort. Public health is not health care and health care is not public health.

Environmental health and protection is the art and science of protecting against environmental factors that may adversely impact human health or the ecological balances essential to long-term human health and environmental quality. Such factors include, but are not limited to: air, food and water contaminants; radiation; toxic chemicals; disease vectors; safety hazards; and habitat alterations. (Report of the Committee on the Future of Environmental Health)

| Health Services Continuum | | | |
|---|----------------------------------|------------------------------|--------------------------------|
| ENVIRONMENTAL HEALTH AND PROTECTION | HEALTH PROMOTION | DISEASE PREVENTION | HEALTH CARE |
| Examples of Issues | Examples of Issues | Examples of Issues | Examples of Issues |
| Clean Air | Substance Abuse | Infectious Diseases | Diagnosis |
| Clean Water | Family Planning | Clinical Prevention | Primary Care |
| Toxic Chemicals | Nutrition | PKU Screening | Case Management |
| Safe Food | Health Education | Glaucoma | Outpatient Services |
| Radiation | Violence | Diabetes | Clinics |
| Solid Wastes | Obesity | Osteoporosis | Treatment |
| Occupational Health | Tobacco | Cancer | Surgery |
| Hazardous Wastes | Mental Health | Suicides | Long Term Care |
| Risk Assessment | Physical Activity and Fitness | Oral Health | Acute Care |
| Risk Communication | Access | Heart Disease and Stroke | Rehabilitation |
| Risk Management | | Maternal and Child Health | Cost Containment |
| Global Degradation | | Access | Health Insurance |
| Land Use | | | Mental Health and Treatment |
| Noise | | | Developmental Disabilities |
| Disease Vectors | | | Alcohol and Drug Treatment |
| Housing | | | Access |
| Ecological Dysfunction | | | |
| Unintentional Injuries | | | |
| Access | | | |

Fig. 13.1

MYTH # 8: DISEASE PREVENTION IS THE ONLY BENEFIT OF ENVIRONMENTAL HEALTH AND PROTECTION.

This is another example the failure of environmental health and protection practitioners to understand and market the comprehensive benefits of environmental health and protection. Important benefits include:

- reduced disease and disability, yes, but also
- lower health care costs,
- enhanced community economic vitality,
- enhanced productivity,
- enhanced community educational achievement,
- fewer social problems, and
- enhanced quality of life in a more livable environment.

MYTH # 9: PUBLIC POLICY MUST BE SOUGHT THROUGH GROUP ACTION.

U.S. Senator Robert Stafford, Chair of the Senate Public Works and Environment Committee, advised a group I was chairing that an elected official paid just as much attention to a well crafted letter from a constituent as an expensive formal document developed by a professional, industry, or voluntary group. Many groups engage in such ineffective actions as monitoring, supporting, endorsing, watching, following, etc., rather than defining problems and solutions, marketing, lobbying, testifying, developing legislation, and gaining policy enactment.

MYTH # 10: ENVIRONMENTAL HEALTH AND PROTECTION IS AN INVISIBLE PROFESSION.

This myth is based on two fallacies:

- Environmental health and protection is not a profession, and
- Environmental health and protection is far from invisible.

Environmental health and protection is a high priority in our society and is demanded by the public and elected officials. When it is “invisible,” some introspective analysis is essential. Usually the fault lies with the messenger rather than the message; often the messenger does not understand the comprehensive benefits of environmental health and protection; frequently there is an attitude of organizational secrecy; often environmental

health is not considered a priority as part of a larger organization; and often there is an organizational misplacement of this vital group of programs. Scores of agencies do ensure that environmental health is quite visible.

Rather than focusing on promoting the visibility of practitioners, concentrate on marketing environmental health and protection problem solutions, vision, benefits, needs and services. The need for appropriately qualified practitioners will then be obvious.

MYTH # 11: POLITICS IS A DIRTY WORD.

Many view politics with disdain. However, anyone who has attempted to impact policy at any level is a politician. Politics determines policy: who gets what, when and why. Such policies may include legislation, standards, regulations, organizational changes, budgets, facilities, equipment and appointment of various officials. Practicing politics is essential if one is to impact policy.

Environmental health and protection practitioners who divest themselves of the foregoing myths will find it much easier to achieve their goals, earn appropriate recognition, and obtain resources to support their efforts.

In all affairs it's a healthy thing now and then to hang a question mark on the things you have long taken for granted. Bertrand Russell



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He was one of the 12 Founders and is one of five Diplomates Laureate and one of five Diplomates Emeritus of the American Academy of Sanitarians. He is a recipient of numerous state and national

professional awards, as well as an Honorary Doctorate in 2007.

He was a founder of the Council on Education for Public Health, as well as a long time member of the National Environmental Health Science and Protection Accreditation Council.

He developed and gained enactment of numerous state and local environmental health measures, testified before the Presidential Committee on Executive Reorganization regarding the creation and scope of EPA, and testified before Congressional Committees regarding key environmental health issues.

He has over 240 publications and policy papers, many of which may be accessed at:
<http://hsc.unm.edu/library/development/endowment/Gordon/index.shtml>
and

http://www.sanitarions.org/sanitarian_resources.htm