

# **Does Public Health Still Include Environmental Health and Protection?**

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**D O E S the public health community still include environmental health and protection as a full partner? Do current public health leaders understand the scope, complexity, changing dimensions, as well as the political, public health, ecological and economic importance of environmental health and protection? Our nation's environmental protection programs are public health programs and would not exist but for the public health bases and goals of the various environmental protection programs. However, despite egocentric public health conventional wisdom, attitudes and rhetoric, organized public health includes and perhaps understands only a relatively small portion of our nation's environmental health and protection activities. For the most part, responsibility for environmental health and protection is now in the hands of environmental advocates, attorneys, economists, sociologists, engineers and political scientists. The barn doors have either been left open, or intentionally opened by various forces in our society. However, the results are the same, as most of the environmental health and protection horses are gone.**

**Many public health leaders are apparently unaware that the public health establishment has lost organizational responsibility for most environmental health and protection activities at the federal and state levels, and continues to lose responsibility at the local level. To a significant degree, these changes have occurred due to a lack of understanding and priority; default in, or lack of leadership; and, sometimes, overt actions by public health leaders and organizations.**

**Consider the following:**

**The Institute of Medicine (IOM) report, *The Future of Public Health*, was developed under the auspices of the IOM Division of Health Care (underlining added to emphasize a title which obviously does not subsume environmental health and protection). The otherwise blue ribbon committee did not include a balance of environmental health and protection membership. There is no indication that the committee or staff contacted environmental health and protection agencies outside the**

purview of official public health departments. The contents of the report do not adequately emphasize the priority, scope and complexity of environmental health and protection. The report consistently emphasizes the importance of relationships with the medical community, but is silent on essential environmental relationships with public works, housing, engineering, architecture, planning, development, agriculture, industrial, real estate, energy, transportation, land use, and resource development and utilization interests.

Early drafts of the *Healthy People 2000* report neglected environmental health and protection to such an extent that it promised to be counterproductive to the understanding and cause of environmental health and protection. There were inadequacies in the professional education, air quality, and hazardous waste components. A list of the areas overlooked in the draft was, at the same time, a list of priority issues in environmental health and protection. They include solid wastes, water supply, water pollution, noise pollution, radiation protection, vector control, institutional and recreational environmental health, as well as the environmental health and protection aspects of energy production, transportation systems, land use, resource development and consumption, and overpopulation. And finally, the draft excluded such global environmental health and protection issues as possible global warming, stratospheric ozone depletion, desertification, deforestation and planetary toxification. The U.S. Public Health Service Office of Disease Prevention and Health Promotion, however, did respond to many of these criticisms and the final document was much more acceptable.

But that wasn't the end of the story. The subsequent 1990 Public Health Conference titled "Healthy People 2000" effectively excluded environmental health and protection from the agenda. Subsequently, the U.S. Public Health Service National Center for Health Statistics (NCHS) developed Health Status Indicators for the Year 2000. Despite external criticism, the indicators developed by the NCHS almost entirely exclude environmental health and protection. The indicator on air pollution is so general as to be useless.

Then there is the "Assessment Protocol for Excellence in Public Health" (APEX-PH) which by all accounts does not adequately cover environmental health and

protection. It is a product of the American Public Health Association, the Association of Schools of Public Health, the Association of State and Territorial Health Officials, the Centers for Disease Control, the National Association of County Health Officials, and the U.S. Conference of Local Health Officers - the very backbones of the public health establishment. The environmental health directors in the state of Washington were so concerned with the lack of meaningful assessment measures for environmental health and protection problems in their communities that they developed an environmental health addendum to the APEX-PH protocol.

The annual inventory of programs and expenditures published by the Public Health Foundation (PHF) significantly underreports the nation's environmental health and protection activities. The PHF data are only gathered from the agencies headed by state or territorial health officials. Therefore, the environmental health and protection data are grossly incomplete and misleading. Comprehensive reporting of environmental health and protection activities would increase such data manifold.

Specific environmental health and protection issues are not prominent among the annual priorities developed by the leadership of the American Public Health Association (APHA). This, despite the fact that most Americans identify as environmentalists and are seriously concerned about the deterioration of the global environment. This deterioration is basically due to overuse of resources and overpopulation, and includes such issues as global toxification, stratospheric ozone depletion, possible global warming, desertification, deforestation, unsafe drinking water, water pollution, air pollution, unsafe food, disease vectors, and wastes.

The Executive Board minutes of the APHA indicate much greater concern with personal health and health care issues than with environmental quality issues. APHA Section on Environment Chair Charles Treser recently wrote APHA President Joyce Lashof that "APHA has moved away from its scientific base and has become preoccupied with issues other than basic public health preventive measures." He also referenced "A recent memo from the Action Board requesting the assistance of the sections with APHA's top three priorities for the year. I note that environmental issues are conspicuous by their absence."

**APHA Past-President Bailus Walker wrote Treser that "You should have recommended that APHA abolish the section on environment. Even to the most casual observer, it is clear that APHA is not a viable force or advocate for the prevention of environmentally provoked disease and dysfunction - broadly defined."**

**Despite all the foregoing, environmental health and protection remains a public health issue. There may still be some opportunity for the public health establishment to retain or even regain some involvement. There should be public health leadership in environmental health and protection education and training, research, epidemiology, risk assessment, problem identification and prioritization, policy development, development of standards, program design, surveillance, and data collection and interpretation.**

**Retaining or regaining this leadership requires more than smoke, mirrors, public health egocentrism, and rhetoric. It requires knowledge, understanding, high priority, and affirmatively embracing and constructively building bridges rather than relying on outdated concepts, actions and even terminology. For example, the public health community must be realistic, recognize changes that have taken place in our society and institutions, and talk about environmental health and protection rather than simply environmental health. And we must increasingly understand the importance of the ecological components of environmental issues as well as the necessity of esthetics and environmental quality in addition to disease prevention. The 1990 report of EPA's prestigious Science Advisory Board, *Reducing Risk: Setting Priorities and Strategies for Environmental Protection*, notes that "Yet from the perspective of risk there are strong linkages between human health and the health of wetlands, forests, oceans, and estuaries. Most human activities that pose significant ecological risks - for example, the effects of agricultural activities on wetlands - pose direct or indirect human health risks as well. Likewise, actions taken to reduce pollution and thus improve human health usually improve various aspects of ecological quality. . . . In short, beyond their importance for protecting plant and animal life and preserving biodiversity, health ecosystems are a prerequisite to healthy humans and prosperous economies."**

**And we must recognize that the environment has its own advocates and constituents who are not the same as those interested in personal health and health**

**care. The environment has a different cadre of agencies and groups with which we must coordinate and communicate.**

**The organizational responsibility changes have largely taken place. Will public health embrace the changes and act accordingly? Or will public health increasingly be an endangered species when it comes to leadership and effective involvement in environmental health and protection?**

**The health of the public and the quality of the environment will benefit by the effective involvement of professionals having expertise in environmental epidemiology, toxicology, and risk assessment, as well as the technical components of environmental health and protection.**