

THE ORGANIZATIONAL WONDERLAND OF ENVIRONMENTAL HEALTH

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“Would you tell me, please, which way I ought to go from here?” asked Alice.

“That depends a good deal on where you want to get to,” said the cat.

“I don’t much care where,” said Alice.

“Then it doesn’t matter which way you go,” said the cat.

Most of us know something about the history of environmental health organizations, but we may find it troublesome to grasp and accept organizational change and, like *Alice in Wonderland*, determine which way to travel amongst the diversified wonderland of possibilities. Public health officials should lead in making such public policy recommendations rather than leaving a void that others will certainly fill.

Historically, environmental health and environmental health personnel were basic components of public health departments. Environmental health problems caused the creation of many health departments. Environmental health personnel were products of health departments and existed primarily, if not solely, in health departments. State and local public health departments had a uniform organizational pattern with a physician health officer at the top, a sanitary engineer in charge of programs usually termed sanitary engineering, and a cadre of sanitarians delivering most of the field services. A similar pattern existed in the U.S. Public Health Service that was then responsible for most federal environmental health activities.

Environmental health began diversifying at the federal level at an early date when, for example: housing conservation and rehabilitation was assigned to Housing and Urban Development; Occupational Health and Safety was given to the Labor Department; water pollution control was transferred from the Public Health Service to Interior; pesticide regulation and meat inspection were developed within Agriculture; and radiation protection was handled by the Atomic Energy Commission. By the late sixties, the Congress began questioning the strength of the U.S. Public Health Service commitment to deal with the public and political demands for action regarding the rapidly increasing complexity of environmental health, as well as the PHS determination to assign the requisite high priority to environmental health problems, including the necessary regulatory actions. The Congress alleged that the Public Health Service was more interested in conducting research than in vigorously managing the environment. Even the organized national public health community was prodded into a higher level of concern. I chaired a delegation from the American Public Health Association that testified before President Nixon’s Advisory Commission on Government Reorganization to make specific recommendations regarding the organizational scope and mission of the

Environmental Protection Agency that was subsequently created by Presidential Executive Order. Predictably, most states rapidly followed the federal model.

State level environmental health personnel and expenditures now account for approximately half of the field of public health, and environmental health is the largest single component of the field of public health. However, **some 90 to 95 per cent of state level environmental health activities are now the responsibility of state agencies other than health departments.** Much of the organized public health establishment is not aware of the foregoing because the widely cited data collected by the Public Health Foundation is from health departments and does not include the activities and expenditures of the numerous state and local environmental health agencies other than health departments.

Organizational responsibilities also changed at the local level. A number of jurisdictions authorized environmental health departments, and many important responsibilities have been assigned to local and regional agencies **other** than traditional local health departments. The 1996 “Survey on the Organization of Local Environmental Departments” conducted by Public Technology, Inc., revealed that agencies **other** than local health departments are playing an increasing role in such environmental health areas as air pollution control, noise pollution control, water pollution control, groundwater contamination, industrial discharges, accidental spills, fish and shellfish sanitation, drinking water contamination, brownfields clean-up and redevelopment, hazardous materials control, leaking fuel storage tanks, hazardous waste sites, and pollution prevention.

Such diversification of responsibilities occurred and continues to occur for a variety of reasons, but they share one important commonality. That commonality is the ever increasing priority and complexity of environmental health problems and programs. Environmental health has arrived. Environmental health has developed its own constituency. Environmental health is demanded by the public and is widely considered to be an entitlement. Some public health personnel have not acknowledged the changes. Unlike the “good old days”, the public health delivery system has evolved from traveling on a single health department track, to traveling on an environmental health track and a personal public health track.

I have sketched this brief historical overview as a reminder that public health organizational responsibilities have been diversifying for many years and that change is the rule rather than the exception. Today, it is **imperative** that we think and act in terms of the **field** of environmental health rather than yesterday’s comfortable health department organizational pattern. As an alternative, public health can bury its collective head in the sand, ignore change, be shackled by petrified opinion and inaction, and be a slave of the past.

Accepting change may be more difficult for those of us who are products of schools of public health and traditional health departments than for those not culturally bound by such backgrounds and inculcated conventional wisdom. However, public and our

political leaders at all levels of governments may better recognize the scope and importance of the **field** of environmental health than do many public health personnel.

What are some of the issues that should be considered when assigning organizational responsibility for environmental health?

- Environmental health services are based on public health needs, justified by public health standards, and pursue public health goals no matter the title of the administering agency. However, few public health trained personnel are utilized by environmental health agencies other than health departments. And even in health departments, most environmental health personnel are not public health trained.
- Most environmental health programs are inextricably interdigitated and should be organized together for purposes of effectiveness, efficiency and economy.
- Environmental health should have visible organizational status that allows access to elected officials, the media, and advocacy groups.
- Environmental health should be so organized as to have ease of interagency communication with agencies and interests such as public works, waste management, planning, economic development, transportation, energy development and production, and natural resources.
- Environmental health should have adequate epidemiology, laboratory, computer technology, public information, and legal support services.
- Environmental health components must have sound statutory bases.
- Environmental health must have a mission of public and environmental protection rather than environmental utilization and development so as to ensure freedom from conflicts of interest.

The foregoing principles may be attained either in a health department or a separate environmental health agency.

What are some of the issues involved in retaining or regaining public health leadership in managing the environment?

Let's start with a few basics:

- **We must utilize a common definition for environmental health such as the widely peer-reviewed and published definition developed for the Report on the Future of Environmental Health.** If we do not agree on whether we are marketing a buggy whip or a rocket ship, we do not have a product to market.
- We must recognize that the terms “environmental health” and “environmental protection” are largely synonymous except for organizational settings.
- We must build and constantly travel a network of communication bridges to and from the entire spectrum of environmental health and protection interests rather than maintaining artificial agency walls.
- We must constantly market the **benefits and values** of environmental health and protection services, such as improved quality of life, enhanced environmental quality, less disease and disability, reduced health care costs, and increased productivity.

- We must be open to and embrace the news media and communicate our problems and needs to the public on a continuing basis.
- We must recognize that environmental health is not a single discipline or profession: **environmental health is a cause engaged in by a wide variety of disciplines and professions in a complex spectrum of organizations.**
- We must encourage schools of public health and academic environmental health programs to prepare students for leadership roles in **any** setting delivering environmental health and protection services.
- We must recognize that ecological considerations have become increasingly important as components of environmental health and protection. Direct human health threats exist, but the public and elected officials know that pollution also kills fish, limits visibility, creates stench, ruins lakes and rivers, degrades recreational areas, and endangers plant and animal life. The landmark report of the United States Environmental Protection Agency's prestigious Science Advisory Board states:

... there is no doubt that over time the quality of human life declines as the quality of natural ecosystems declines ... over the past 20 years and especially over the past decade, EPA has paid too little attention to natural ecosystems. The Agency has considered the protection of public health to be its primary mission, and it has been less concerned about risks posed to ecosystems ... EPA's response to human health risks as compared to ecological risk is inappropriate, because, in the real world, there is little distinction between the two. Over the long term, ecological degradation directly or indirectly degrades human health and the economy ... human health and welfare ultimately rely upon the life support systems and natural resources provided by healthy ecosystems.

- We must understand that the vast majority of environmental health personnel are products of academic programs that do not emphasize public health sciences. Such personnel include biologists, chemists, physicians, geologists, engineers, physicists, educators, social scientists, public administrators, attorneys, and economists, all of whom are essential to the effective delivery of environmental health services at all levels of government and industry. But the mantle of leadership will always fall to those who earn it and are willing to accept the controversies and complex problems inherent in the role of leadership.
- We must compete for positions, including leadership and policy roles, in organizations delivering environmental health and protection services regardless of agency titles.
- We must be willing to take career gambles. Leadership positions do not provide career protection beyond the ability of the individual to earn the respect and support of the public, the media, and elected officials. I was in exempt positions for the last 25 years of my career in public health, including roles as a local health director; state environmental health director; state laboratory director; deputy cabinet secretary for health and environment; and cabinet secretary for health and environment.
- We must recognize that "equals cannot coordinate equals" and that an individual or an agency cannot control the policies of another agency. For example: health

department personnel frequently avow a desire to impact programs in a separate environmental department. No matter how well intended or desirable that may be, chances of success are roughly that of a snow-ball in hell.

- We must develop public policy design, implementation, and analytical skills. Politics is basic to our democracy and is not a dirty word. Too many public health personnel are politically ineffective either through personal choice, agency policy, or a paucity of public policy skills. Do not assume that your public policy goals will be designed and attained by others. Recognize that the successful quest for public policy and organizational arrangements is usually the result of individual abilities and initiatives rather than that of some organization. (I cannot resist noting that only a few environmental health personnel provided recommendations for Healthy People 2000. The lack of balance for environmental health was a disgrace. And now the same lack of interest in providing balance for Healthy People 2010 has been evidenced.) Environmental health personnel are tragically mistaken if they think someone else in public health is going to provide the balance and recommendations.
- We must think and act in terms of the **field** of environmental health rather than any specific organization or agency. Public health is not in disarray as the IOM suggested. It is far more diverse and complex than the public health agency model the IOM would create. A few years ago, the Science Advisory Board of the American Public Health Association developed the following definitions to better deal with the increasing organizational diversity of public health services:

A Local Health **Department** is a statutorily designated agency of local government that includes the words “health department” in its title and is charged with delivering identifiable services designed to prevent or solve health problems.

A Local Health **Agency** is a statutorily designated agency of local government charged with delivering identifiable services designed to prevent or solve health problems.

Environmental health and protection goals are increasingly being addressed by agencies other than the evolving type of health departments. The practice of public health other than environmental health may be gravitating closer to a partnership with health care, while environmental health and protection is aligning more closely with environmental quality and conservation agencies. Public health leaders can take the lead in determining the organizational future and quality of environmental health and protection service delivery systems. Or, they can be left behind while others make the policy determinations for them.

Public health associations should fully embrace major local environmental health and protection agencies as members and partners so as to more effectively involve them in the pursuit of enhanced public health. Public health leaders have the choice of defining narrowly or defining broadly. Public health leaders have the choice of being inclusive or exclusive. Public health leaders have the choice of envisioning and leading the **field** of

environmental health and protection, or mistakenly believing that environmental health is only those activities assigned to health departments.

Environmental health is indeed an organizational wonderland. But to paraphrase the cat in *Alice in Wonderland*, whither environmental health goest **should** depend on where you want it to go.