

COMMENTARY
**RECOGNITION THE OLD FASHIONED WAY:
EARNING IT**

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Recent commentaries in The Nation's Health and the American Journal of Public Health regarding "becoming a profession" deserve further discussion.

Public health **is** an important societal endeavor and **does** suffer from lack of definition, appreciation and visibility. Investments in public health other than environmental health and protection **do** appear to have declined, but the mythical 3 percent of the health services dollar spent for public health has never included most of the expenditures for the environmental health and protection component that approximates half of the field of public health. It may be true the local health **department** budgets and staff have been reduced, but the services continue in **other agencies performing public health functions**. Much of the public health workforce **has** been undervalued and underpaid.

It is a leap of faith, however, to conclude that the absence of "discernible, visible, organized professionalism" has been the problem. The **field of public health practice** is not a profession, but is an **endeavor** engaged in by a broad spectrum of essential professions and disciplines, most of who may be classified as either **professionals in public health, or public health professionals**.

Professionals in public health comprise the vast majority of the public health workforce, and include physicians, nurses, dentists, epidemiologists, veterinarians, environmental scientists, health educators, engineers, sanitarians, biologists, chemists, geologists, physicists, sanitarians, economists, attorneys, public administrators, planners, information technologists, statisticians, laboratory scientists, political scientists, and social scientists among others.

For the most part, **public health professionals** are graduates of schools of public health or other accredited public health or environmental health programs having primary emphases in public health rather than health care.

Perhaps the issue was reputedly best summarized by Myron Wegman, former APHA President and Dean Emeritus of the Michigan School of Public Health, when he stated that: ***Public health is a field in which to practice one's profession.***

More importantly than having a piece of paper, a diploma or a certificate, professionalism is derived from achievement and resultant recognition by peers, subordinates, the public and public policy leaders.

Each of us may think we know what public health is, but we actually have widely varying perceptions and definitions of public health. If we can't agree on the nature of public

health, we should not be surprised that the public and our political leaders do not adequately support aspects of public health. We do not appear to know whether we are marketing a buggy whip or a rocket ship. Few definitions of public health adequately embrace environmental health and protection.

Public health is the art and science of preventing disease and disability, prolonging life, promoting the efficiency and health of populations, and ensuring a healthful environment through organized community effort.

Public health has become a **cause in search of an identity** due to:

- Lack of clear definition and targeted efforts,
- A paucity of public health vision and leadership,
- Lack of effective marketing to constantly and consistently market the values of public health and its attendant positive economic impacts,
- The unfortunate confusion with health **care** and the oozing of emphasis from public health to health care coupled with the self-defeating desire to follow the money trail leading from public health to health care,
- The egotistical belief that public health practitioners can do a better job of managing and overseeing the health **care** system than others,
- Professional disdain for the political process,
- Lack of understanding and effort to ensure that public health is “public” health and serves all the public, not just marginalized groups, and
- The lack of initiative on the part of public health practitioners to be leaders in public health efforts regardless of the agencies responsible. The organizational diversification of public health is a manifestation of its complexity and societal importance.

The health care debacle of the nineties served to undermine public health, as many public health leaders naively jumped on the “health care for all” bandwagon and shot themselves in their collective public health foot. Public health and health care remain in eternal competition for the health services budget dollar. Public health also earned a well deserved negative reputation as a result of national public health leaders vigorously supporting various unqualified candidates for appointment as USPHS Surgeon General.

When “local health budgets are being slashed and their responsibilities transferred elsewhere,” the services are still public health whether in a health department or some other agency. Public health leadership and achievement rather than self-proclaimed professionalism is the required ingredient. Public health practitioners must be capable of impacting the public policy process. And they must be willing and able to vie for leadership roles in all public health regardless of agency titles.

Environmental health and protection is the largest single component of the field of public health, comprising some 50% of public health practice in terms of numbers of personnel and budget at the state levels. There is evidence that many local environmental health

and protection services are being increasingly assigned to local agencies other than health departments. The public health delivery system has evolved from traveling on a single track to traveling on multiple tracks, the two major tracks being personal public health and environmental health and protection. Reasons for environmental health and protection diversification include:

- The perception that health departments and the U.S. Public Health Service were not demonstrably effective agencies for environmental health and protection,
- The public and political demand for greater emphasis on environmental health and protection,
- The increasing societal importance of environmental health and protection to the end that it is widely considered to be an entitlement,
- The unfortunate oozing of health department and USPHS emphases toward health care and away from public health, including environmental health and protection,
- The effectiveness of environmental advocacy groups,
- Health department and USPHS failure to adequately emphasize regulatory needs,
- Health department and USPHS discomfort in addressing ecological issues, and
- The increasing priority and complexity of environmental issues.

While the organized national public health groups go bonkers over the appointment of a new Surgeon General, they are remarkably silent regarding the appointment of an EPA, NCEH, or OSHA Administrator. And they do not appear to be concerned that the reports of the Public Health Foundation largely ignore the efforts and expenditures of half of the field of public health assigned to agencies other than health departments.

The component of the ASPH-APHA proposal that deals with the need to facilitate “the acquisition of core knowledge and competencies among members of the existing public health work force” is long overdue.

Expecting “the MPH (or its equivalent) to become the standard for entry into the credentialing process” will be an exercise in futility unless:

- CEPH accreditation criteria are significantly improved to require appropriate competencies for the field of public health practice, including environmental health and protection,
- The MPH is reserved for public health rather than health care, and
- Significantly more students earn the MPH in issues of public health practice.

The ASPH-APHA proposal dealing with becoming a profession is interesting in that no mention is made of developing a constructive relationship with the Environmental Council of the States, the lead organization representing state environmental health and protection agencies. Perhaps some consider environmental health and protection to no longer be a basic component of the field of public health.

Public health is a field of endeavor rather than a single discipline of profession. In that regard it is like science. There is no viable movement to credential scientists as a group, but specific science disciplines may develop desirable standards.

In 1990, APHA created a Task Force on Credentialing that reviewed the literature and held several meetings. The Task Force reasoned that credentialing the public health work force was not possible or appropriate, but that credentialing component public health disciplines and professions such as health educators, sanitarians, nurses, engineers, physicians, dentists, industrial hygienists and others might be useful. APHA past president, Professor John Romani, submitted particularly thoughtful comments wherein he concluded that: ***My preference would be to use the energy, talent and resources represented by the task force in other ways rather than focusing on what one might call physician envy.***