

Managing Editor's Desk

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Bringing this Year's AEC to Everyone!

We realize that in these difficult economic times, it's hard for many NEHA members to attend their annual conference. At the same time, however, the complex nature of our work and the growing expectations of our employers and our public demand that we stay current with developments in our field of practice.

This "catch-22" for you also creates unique challenges for NEHA. In short, it is incumbent upon us to find ways to capture the content of our conference (which we claim to be the single best source of continuing education for you) so that those who couldn't attend still have a way to access this rich and needed education.

To this end, we've taken several measures. First and by far of greatest significance (thanks to Doug Kladder and his CERTI operation), we've recorded many of the conference's sessions (including this year's superb conference keynote presentation). Those recordings are now being posted to our e-Learning library of courses. As we have proudly noted many times, *this entire library is available to the professional environmental health community at no cost whatsoever*. On top of that, we have designed mechanisms that allow your CE experience to automatically post to your CE records. Please take advantage of this unique system and expand your continuing education—as you also compile CE credit for it.

Second, this spring we witnessed the emergence of the world's first pandemic in about 40 years. While H1N1's initial appearance turned out to be pretty mild, no one knows what its anticipated return in the fall could lead to. Accordingly, it is important that we learn as much about this virus as we can so that we are prepared for whatever problems it could cause should it return in a more virulent form.

If we lose the capacity for changing with the times, then surely we court becoming obsolete and even less potent than we are today.

To assist you in gaining this education, NEHA offered a full track on H1N1 at this year's conference. But beyond that, we actually hired a professional reporter to write a series of papers on the essence of the presentations that were made during this session. We are now making this collection of papers available at no charge via the NEHA Web site, www.neha.org.

Third, we've done something else this year that is unprecedented. How many times have you thought while listening to an expert speaker how nice it would be to redirect the speaker's expertise to the specific issues that you're facing back home? Well, now you can!

This year NEHA has set up what we are calling our special consultant's program. Some two dozen speakers have volunteered for it. We have identified by topic a cadre of experts who are now available to you in hour-long blocks of time for a fee that is much less than what you would pay for any consultant. This program offers you telephone consult-

ing time on any issues you wish to explore with experts in our field. Again, please check out our Web site for further information on this incredible (and to our knowledge, unique) opportunity.

Fourth, as if the above weren't enough, NEHA has also compiled many of the speaker handouts that our conference speakers developed to facilitate understanding of their presentations. Those handouts have been compiled onto conference disks now available to anyone for almost no cost. Once again, we invite you to visit our Web site to quickly see how you can obtain this material.

Fifth and finally, I want to share with you a couple of my own observations about the conference just held in Atlanta (where I am writing this from!). Consider this your bonus report!

We knew going into this event that when all is said and done, really only one issue is on the plates of most environmental health professionals these days. That issue, of course, is the impact of the economy on our profession.

Conversations throughout the conference ultimately all seemed to get around to this topic eventually. As our members talked this issue through, one theme quickly became apparent in almost every conversation I heard. That theme centered on the reality that the circumstances shaping and defining our field of practice differed mightily from jurisdiction to jurisdiction. Moreover and to a one, our members appeared to be quite proud of the programs they fashioned given the particular local circumstances that they were dealing with.

As discussions unfolded about how best to respond to our financial challenges and even

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reposition environmental health as a governmental service, I heard time and again the message that we have to adapt our programs to the specific local circumstances that we each face. Exporting solutions from one area to another (or from one governmental level to another [such as from a state to a local level]) was not as easy as it sounded.

These discussions reminded me of a comment that one of our former presidents, Jim Dingman, once made in one of his presidential columns. You may remember reading his point that “if you saw one environmental health program, you’ve seen one environmental health program.” How true.

I took away from these many conversations the clear idea that while we all share much in common, our EH programs also have reasons and rationales for why they operate as they do. Furthermore, as far as I could tell these reasons and rationales, which often traced back to local circumstances, made a lot of sense.

I appreciate that for those who believe in standardization and templates, this is probably not welcome news. But after listening to so many passionate, well-reasoned, and sincere commentaries on the importance of adapting to local circumstances, I couldn't help thinking that force fitting the bevy of existing EH programs into one-size-fits-all paradigms opens up the possibility that we could inadvertently undermine the effectiveness of the programs we have today. Pretending that local circumstances don't exist doesn't make them go away! It seems to me that any visionary thinking about the future of the “environmental health system” must take into account the power and the necessity of local circumstances (*as well as the value of national standards*). To do otherwise robs local EH leaders of the strategies that they need to follow to succeed with their programs—for the benefit of all environmental health.

The other major take away that I processed through many discussions (where I was mostly listening and learning) was the disturbing way in which core services were being defined by a good number of people. I would often hear comments to the effect that we needed to return to our core services and programs (invariably defined as food protection, onsite wastewater, potable water, and sometimes vector control) if environmental health was to recover from its recent decline. I found these discussions disturbing because few if any allowed for an evolution of environmental health and with it any new

definitions of what core services could evolve into. It was like saying that the core services of environmental health will remain in 2075 what they were in 1935 and that there was this unspoken rule that they shall never change! (And no one better question this!)

This idea and the intransigence with which it was sometimes expressed contrasted sharply with the enthusiasm that brimmed among conference attendees following the stirring keynote presentations by Dr. Howard Frumkin, the director of CDC's National Center for Environmental Health and Agency for Toxic Substances and Disease Registry. Dr. Frumkin sounded a clarion call for our profession to accept that sustainability and the built environment were “fundamental” to the very definition of environmental health. Yet our focus groups, made up of leaders within our profession, often hammered away on the message that issues like sustainability were add-ons and that only if we could find some extra time and money could we then consider engaging them. Any curiosity about how we might go about changing our programs and our funding to accommodate such issues wasn't apparent to me. At best, the discussions I heard seemed to indicate that if we had the time after addressing our core programs, then environmental health might think about how to engage an issue like sustainability. The idea that sustainability might soon be a core program for environmental health just never occurred to some of the people I listened to. Interesting!

I was disappointed mainly because there seemed to be little openness to the idea that our core issues could evolve and change over time. I was also disappointed that some of the people whom I was listening to were young professionals, as I expect the younger guard within our ranks to challenge entrenched concepts and beliefs.

I don't mean to make more of this than is necessary. Nor am I suggesting that we ignore mandated programs or turn our backs on programs we're good at and uniquely qualified to conduct. The plane for my reflections is much more philosophical. It worries me that we are getting caught in an intellectual trap that blinds us from ever seeing environmental health in ways that are any different from what it looks like today. If we lose the capacity for changing with the times, then surely we court becoming obsolete and even less potent than we are today.

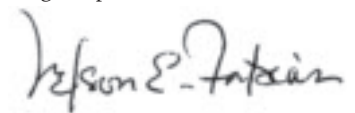
We must not forget that it wasn't all that long ago (before the creation of U.S. EPA) that water pollution, air pollution, drinking water and solid and hazardous waste were all within

our conceptual framework of core environmental health programs. And then, before our bewildered eyes, they just disappeared!

It seems to me that anyone who thinks that this can't happen again—especially with governments desperately looking for more cost effective ways to deliver services in this recession—is tempting fate in dangerous ways.

If we can attach ourselves more to the concept of what environmental health is (assessing environmental impact on human health and developing interventions to minimize deleterious impacts) than to several specific programs, it stands to reason that we can much more easily adjust our definition of core services to remain in tune with the times. *More to the point, we ensure that our profession remains relevant.* So long as we can demonstrate relevance, we stand a good chance of gaining continued support for our services and our cause.

Such is my report from the front lines of this year's conference. With the measures that we have taken to capture a great deal of this year's conference content, NEHA sincerely hopes that those of you who couldn't be with us in Atlanta will nonetheless tap into the education we offered there. I also hope that some of these more personal reflections stir you in some way to realize that you too are a part of these discussions and that you need to add your point of view as this debate continues across our great profession. 🐼



Did you know

Rapid influenza diagnostic tests (RIDTs) have relatively low sensitivity to Novel Influenza A (H1N1). In an initial CDC assessment, RIDTs detected only 40%–69% of swine flu cases overall, and the sensitivity declined substantially as virus levels decreased.

Source: *Morbidity and Mortality Weekly Report*, August 7, 2009.