

President's Message

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Environmental Health and Public Health—The Same but Different

In last month's column, I considered the remarriage of environmental health and environmental protection. I gave the example of Lincoln Lancaster County Health Department in Nebraska, where the two have been remarried within a local health department setting. I also pointed out that some environmental health departments, particularly in the western U.S., are no longer housed in public health departments.

If environmental health remains situated in the public health (PH) system for the large proportion of this country, what are the likely implications that we need to be aware of as we consider long-term marketing efforts for environmental health?

- There is a bleak financial picture within PH, and the pressure to bring in environmental health fees in order for programs to survive will continue to grow.
- The competition from retail big-box stores for medical and PH services is likely to increase. At these stores, shoppers are already able to buy food and supplies, get the oil changed in the car, have their blood sugar levels checked, or get their flu vaccine, all in one visit. This is a rapidly growing phenomenon and may increasingly take large numbers of individuals away from local PH clinics.
- The 1988 Institute of Medicine report, *The Future of Public Health*, reaffirmed that in the minds of the public, public health is often equated with medical care of the indigent. The 1988 report, and the updated report of 2002, made very little mention of environmental health.
- Much of the last century dealt with infectious diseases. The "new" killers are chronic diseases, many of which have a large envi-

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ronmental component, e.g., the built environment. Yet many environmental health (EH) and PH units are not positioned to make positive contributions in these areas.

- The various tools created in the PH arena in recent years are often followed by EH look-alikes because EH doesn't fit in very well into PH models. Examples include:
 - Assessment Protocol for Excellence in Public Health (APEX) and Community Environmental Health Assessment (CEHA),
 - Mobilizing for Action through Planning and Partnerships (MAPP) and Protocol for Assessing Community Excellence in EH (PACE EH),
 - 10 Essential Services of PH and 10 Essential Services of EH,
 - PH Competencies and EH Competencies, and
 - National Public Health Performance Standards and National Environmental Public Health Performance Standards.
- Often the constituencies of PH and those of EH within the PH agency are very different.

- The funding mechanisms for most of PH and EH are very different from each other.
- The creation of a single federal food agency may prompt mirror agencies at state and local levels, as happened with the creation of U.S. EPA. This has the potential to either solidify or fracture our field of practice.

As I discussed all these concerns with Nelson Fabian in our regular NEHA president-to-executive-director phone calls, we came up with the idea of a plenary session at the next Annual Educational Conference & Exhibition in Tucson, Arizona. We thought about having a panel of environmental health and protection experts from various viewpoints to begin discussion, and then have the audience participate in trying to answer the following questions:

- Is a combined environmental health and environmental protection model workable?
- What are the strengths and weaknesses of having environmental health in a traditional public health department and having it outside that agency?
- What marketing efforts are needed for our profession?

We have some ambitious ideas for this session:

- pose questions to the panel and also to the audience;
- include local, state, and federal environmental health leaders from both public health and non-public health settings;
- allow audience participation through immediate electronic feedback;
- allow non-AEC attendees to participate through webcasts and blogs; and
- possibly repeat this panel session at other major conferences, such as Association of State and Territorial Health Officials (ASTHO),

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LHDs can work with colleagues in their local planning and environmental departments to apply for Brownfield grants or use Brownfield funding. They can advocate for consideration of broader health and environmental issues related to site cleanup and ways to improve community health through sustainable redevelopment of brownfields. During redevelopment planning, LHDs can negotiate to use smart growth principles to implement low-impact infill development and innovative stormwater management programs. They can seek to expand green infrastructure such as parks, community gardens, and exercise paths during revitalization. LHDs can speak for the needs of children, the elderly, and all sensitive populations.

Finally, local government is the final authority on land use—including revitalization and long term stewardship. LHDs, environmental and planning professionals, and the private sector have to ensure that land use controls and restrictions, such as engineering or institutional controls, are maintained where contamination remains.

What Resources Can Help You?

U.S. EPA Brownfields and CARE programs both work with Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC), Na-

tional Institute of Environmental Health Sciences (NIEHS), and state and local environmental, health, and community development agencies and partners nationwide to ensure the protection of public health and environment through brownfields cleanups and revitalization. To find out more about the EPA Brownfields program, how to apply for a Brownfields Grant, health monitoring or partner activities, please visit www.epa.gov/brownfields. To find out more about U.S. EPA CARE program, please visit www.epa.gov/care.

Example of Local Government and Brownfield Revitalization, Portland, Maine

Portland, Maine, is an example of a community whose LHD has received U.S. EPA funding to address public health concerns associated with brownfields. While Portland is not a CARE community, it is representative of the kind of assessment and prioritization efforts being undertaken in CARE communities around the country. Portland's planning department partnered with the city's public health division to monitor health in the city's urban center. Two areas of health concern were identified to be targeted in a year-long effort: asthma and lead poisoning. These issues were of particular concern because Maine had the second highest rate of

asthma in the nation in 2005 and in 2004, and the percentage of children with blood lead levels of 10 ug/dL or greater in Portland was 3.4%, compared to the national average of 2.7%.

A public health nurse experienced with lead-poisoning prevention conducted screening and outreach. Mailings to 34 child care facilities in the Portland peninsula area invited them to hold free lead screenings on their premises, resulting in the screening of 180 children in the year. A small percentage of children had elevated levels of lead in their blood, but none at levels that warranted further investigation.

Asthma surveillance identified over 170 school-aged children with asthma from six school-based health centers operated by the public health division. The mapping showed a cluster of children with asthma in certain residential areas, raising questions about whether environmental hazards may account for the higher asthma prevalence, or whether other variables such as socioeconomics or population density accounted for the increase. These questions are continuing to be explored. 🐼

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National Association of County and City Officials (NACCHO), American Public Health Association (APHA), and National Association of Local Boards of Health (NALBOH).

Beyond that conference and my time as NEHA President, it appears that we need a long-term strategy. Maybe we should revisit the revitalization of environmental health strategy and have a new brainstorming session or summit to embrace this expanded vision and reunification of environmental health practice. U.S. EPA and the Environmental Council of States (ECOS) should be involved with this effort.

In this strategy, the federal agencies could be brought together to create a funding source for existing well-developed environmental health and protection programs and communities seeking to remarry the two. Funds could be granted for five years with the first year at 100% and then decrease 20% each year. The gradual decrease of federal funds could create new fee structures to support the new program efforts. The federal government could also create mod-

el ordinances and fee recommendations to support these new initiatives.

A success story in Iowa is also another example of what can be done through good leadership to renew the practice of environmental health. In Iowa, some initial seed money from the state allowed the creation of an environmental health coordinator position. This person worked with various federal, state, and local partners to strengthen the EH system. Perhaps a \$100,000 to \$120,000 grant could be given to several states to assess the EH program responsibilities and system weaknesses and needs. They could then develop a plan to address the needs and implement strategies to bring public health, environmental health, and environmental protection together to improve the system. The person would document the change in EH services within his/her system to serve as a model for others to replicate.

One of Dr. Sharunda Buchanan's great ideas at CDC is to have a second tier of leaders from the graduates of the Environmental Public Health Leadership Institute. This tier of leaders could become regional resources for different areas of the country. Alternatively, CDC Na-

tional Center for Environmental Health could fund an EH system position in each state or region like other CDC or U.S. EPA programs.

With many retiring from the workforce, there will be a downward shift in the average age of the EH practitioners. Maybe some of the federal resources should be directed toward hiring contractors who are recognized leaders to spend a couple of months with new managers to coach them in surviving and thriving skills and early leadership traits.

As I have said before, Larry Gordon is one of my favorite writers in our field (see www.nceha.org). In his article, "Looking for Love in all the Wrong Places," he points out that we complain too much and don't spend enough time dealing with the issue at hand. Regardless of where we decide EH is best placed, we have a lot of work to do to bring further attention to the EH system. That increase is only going to come through leadership, determination, persistence, and time. It is up to us to make the necessary changes for EH. Nobody is going to do it for us! 🐼

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