

## ► PRESIDENT'S MESSAGE



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## Environmental Health— Everywhere and Nowhere

I have been in countless conversations over the past dozen or more years about all of the great work environmental health professionals do and how—time after time—the public health community and the public at large do not recognize our practice and the contributions made in our important efforts. In late June, this conversation was again the case at the California Environmental Health Association's Annual Education Symposium in Sacramento. Both speakers and participants expressed their frustration about the lack of awareness about environmental health programs, skills, abilities, and scope of expertise. We work hard to recognize our peers but the lack of system-wide recognition for environmental health professionals beyond our own circle seems very limited. Stories were shared from across the country about a lack of understanding of our work, even among public health agency leaders at various levels of the governmental public health system.

This problem is not new as it was one of several issues called out in a U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (CDC) document published in November 2000—*Healthy People 2010*. This report published objectives for improving the nation's health. In response, the Division of Emergency and Environmental Health Services within the National Center for Environmental Health formed a steering committee that spearheaded a process that was responsible for developing and implementing the final strategy.

The strategy was developed through the participation of an External Partners Working Group made up of 31 members who

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represented the environmental public health and protection practice community; special populations; academia; advocacy groups; and representatives of other centers, institutes, and offices within CDC, as well as the Agency for Toxic Substances and Disease Registry. Included in this group was Mel Knight, NEHA past president (2011–2012), and Doug Farquhar, our current director of Government Affairs. The draft strategy was then reviewed by more than 100 additional environmental health and public health experts and advocacy organizations.

CDC (2003) published *A National Strategy to Revitalize Environmental Public Health Services*, which was intended to be a working document that would be modified over time. The intention was to identify needed resources, organize and implement activities described in the strategic plan, and create a timeline for the accomplishment of objectives.

The strategy was to be a starting point for rejuvenating the environmental health system at the federal, state, tribal, territorial, and local levels in the U.S. (Buchanan, 2006). The goals of the strategy were to:

- Build capacity
- Support research

- Foster leadership
- Communicate and market
- Develop the workforce
- Create strategic partnerships

In 2008, an assessment of the environmental health practice in Maryland identified challenges that closely aligned with the goals from the 2003 strategy document. Unfortunately, it is remarkably similar to what many local environmental health programs are experiencing today. The article identified issues such as funding structure vulnerabilities, workforce and recruitment challenges, poor compensation especially when compared to education requirements, and limitations in legal support (Resnik et al., 2008).

So here we stand over two decades after this need was identified and the same challenges—impacted by a series of environmental public health events, most recently a worldwide pandemic—remain. Why were past efforts less than successful? From my perspective, we need a unified approach to address this issue that will engage federal, state, and local governments; our terrific industry partners; academia; and other nonprofit environmental public health organizations.

Is this our time to stand quietly by? No chance!

A number of years ago, as an environmental health director, I worked with the environmental health staff to estimate their contacts with community members and then compared those estimates to other public health programs. The conclusion was that the environmental health workforce (the second largest part of the public health workforce) has

more contact with community members than any other part of the public health system. On a given day, an environmental health professional could have face-to-face contact with dozens of community members (e.g., regulated communities, peers in public health, city and county planning staff, elected and appointed officials, community members).

So how can we all become more active as ambassadors of environmental health? How can we work to address the lack of public recognition and understanding of the important roles and functions environmental health plays in disease prevention, hazard reduction, and a variety of work that improves community health outcomes? We need to seek opportunities to make our work more visible through improving internal (e.g., leaders and public information officers within health departments) and external (e.g., the public, other government departments, elected officials) recognition and visibility in any way we can.

NEHA has taken some important steps with an actively engaged marketing and communication team working to move the bar. One tool now available for peer-to-peer recognition is our members-only online Community platform and a second is the Swipe Right for Environmental Health campaign recently piloted in Ohio.

On Community (<https://community.neha.org>), I found this contribution from Charles Treser, principal lecturer at the University of Washington:

I think one of the reasons that EPH [environmental public health] tends to

be invisible is how broad our mandate is. No other profession covers everything from air quality to zoonotic diseases. And the list of program areas has been expanding almost exponentially as new science discoveries, emerging technologies, and changing conditions (like climate change) reveal new health risks.

So, while people can identify with the food inspectors, the onsite sewage inspector, the industrial hygienists, etc., they don't see these, and we seldom point out that these are all part of the mandate of EPH. The one thing that unifies our profession is risk—any environmental factor or condition that poses a risk to human life, health, or safety is the province of EPH.

Treser identified many of the challenges we face and I hope that the marketing and communication effort we have undertaken will provide tools and support to confront this challenge. The conversation on the platform that followed was insightful and shows this challenge is one many of us identify with.

Treser went on to suggest that by “highlighting human health risk as the common theme of all the many aspects of our profession, I think we can help the public and our policymakers better understand the critical importance of the environmental health professional to their own health and well-being.”

The Swipe Right for Environmental Health campaign—launched as a pilot in Ohio during May and June 2023 and to be advertised again in September 2023—was developed in

response to concerns we heard from our members about how invisible and undervalued they felt as a profession. In response, we developed an advertising campaign to raise the visibility and appreciation of our important workforce among decision makers and the public. The advertising targeted decision makers at and around the Ohio Statehouse. The ads featured three environmental health professionals from Ohio and urge viewers to support environmental health. You can view the campaign and ads at [www.neha.org/swipe-right](http://www.neha.org/swipe-right).

I encourage each of you to get active in making our work more well-known. ✨

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## References

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