

► **DirectTalk** MUSINGS FROM THE 10TH FLOOR

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Cooperate and Improvise

Panic ensued as I learned that the primary speaker for a major session at our 2017 Annual Educational Conference (AEC) & Exhibition was pulling out just days before he was supposed to speak. How could he do that? What was I going to do with the time slot, which was strategically embedded before our closing session? I perused my mental rolodex for environmental health experts who might step in as suitable replacements. Ideally these people would “owe me one,” so I could arm twist them into attending or doing double duty. I also had a nagging feeling that I was not being creative with the opportunity presented by this crisis.

So, on July 3, a week before the AEC began, I reached out to Debra Houry, MPH, MD. Dr. Houry is the director of the Centers for Disease Control and Prevention’s National Center for Injury Prevention and Control. I am an acquaintance of Dr. Houry and she is a professional I admire. I politely begged her to speak at our meeting on the issue of opioid addiction for reasons you probably know. Opioid addiction is a major scourge on our nation and public health professionals are wrestling with this issue from coast to coast. My rationale was that our profession should become part of the conversation. Where better to shine a light on this issue than at our AEC?

Dr. Houry’s response was nimble, polite, and direct: I had not provided her sufficient time to plan for such a presentation. Nonetheless, my gut told me the opioid issue was important. I recruited the assistance of then incoming NEHA President Adam London, who successfully recruited local talent from Grand Rapids

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to speak to our members. On the opening day of the AEC, we inserted the opioid session into our conference app and I mentally prepared for low or no attendance. What I wasn’t ready for was what happened next.

First, I received criticism from many individual members. “What does opioid addiction have to do with us?” I was also accused of “mission creep.” As my heart sunk, I was approached by NEHA member Alan Dellapenna, who first chewed me out because as NEHA’s technical advisor for injury prevention, he was heretofore not aware of the session. He then promptly inquired if he could moderate the presentation as this issue is an area in which he is professionally active. I readily agreed to let him moderate.

At the appointed time, I entered the room assigned to the session and was overwhelmed by what I observed. I counted at least 75 people in attendance. Recall, this session was on the very last day of the conference. I madly took notes as attendees regaled each other with how the epidemic had impacted them

professionally—needle exchange programs, drug take back initiatives. Environmental health professionals reported being re-assigned to opioid work in lieu of their routine assignments. As it turns out, opioid addiction is an environmental health issue and we need to cooperate with addiction and mental health experts.

As I scan the landscape, I see many other areas where our profession can cooperate and improvise for the greater good of the nation’s health. We already are in some cases, but we haven’t taken the last step and claimed credit for our good work. A prime illustration is our contribution to operational functioning of the public health system writ large. I increasingly observe nonclinical public health leaders that have their roots in the environmental health profession. While larger jurisdictions require a doctor of medicine degree or a registered nurse credential for their health officials, many others do not. And most, if not all, have associate director positions staffed by people from our profession. I intend to learn more about our invisible leadership through focus groups conducted in fiscal year 2018.

Our profession is increasingly dominated by women. I have some preliminary data to support this notion, such as the gender composition of accredited schools and programs. I also see it firsthand when I speak at affiliate meetings. A couple of years ago, Michèle Samarya-Timm and her colleagues hosted an AEC session called “The Women of NEHA.” I believe they were ahead of their time. Our association should take on the leadership

continued on page 65

NEHA NEWS

all the ins and outs of environmental health, as well as interacting with all of the attendees at the conference.”

NEHA participated in the final event of the summer in Silicon Valley, California, in July. The weekend was the largest event of the series with over 300 attendees. Over 10 apps were pitched to NEHA, each with the mission of better utilizing environmental health data. The winning team created Safe California, a platform and model for easily sharing environmental health data to educate and empower residents. The weekend's winners will attend the NEHA 2018 AEC in Anaheim, California.

The 2017 Innovating for Environmental Health App Challenge series was an exciting and collaborative opportunity. It introduced developers to the environmental health community and showed the tangible potential of bringing these two areas together. If you have ideas in regard to this initiative or would like to learn more, please contact Christl Tate (ctate@neha.org) or visit www.neha.org/eh-topics/health-tracking-0/innovating-eh. 🐼



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DirectTalk

continued from page 66

role for our industry. Who can we cooperate with to learn more about the needs of women in the workplace? What implications are there for the ways and means of executing our field work? What workplace policies should NEHA employ to accommodate our association workforce, which is, by the way, almost 70% female?

Our AEC is a great place to explore how to engage in cooperation and improvisation. This commitment will be on full display at the 2018 AEC in Anaheim, California. The opening panel session will highlight our state environmental health colleagues represented by the Association of State and Territorial Health Officials (ASTHO). The

panel will characterize the interdependence of local practitioners with state agencies and describe how we can more effectively work with our state counterparts. We have also offered ASTHO meeting space to encourage them to convene their annual environmental health meeting at our AEC host hotel. We can accomplish a lot together with ASTHO, which will require a healthy dose of improvisation and cooperation.

We have also invited the Council of State and Territorial Epidemiologists and the Association of Public Health Laboratories to hold sessions at the 2018 AEC that will examine cross-disciplinary issues such as data, surveillance, and emerging diagnostic technologies. The private sector will also be well represented as a globally-recognized leader in food safety has already agreed to provide the

opening keynote address. Bridging and bonding. Cooperating and improvising.

I close by observing that the speaker who defaulted on his commitment to speak at the 2017 AEC inadvertently did us a favor. His decision led to us embarking on a discovery that changed our perception of our professional role in opioid addiction. We collaborated with new talent. We improvised. We took risks. We emerged better off than when we started. While there are limits to this approach, I now have a refreshed perspective for the road ahead. 🐼

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