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Media Backgrounder — What’s New in Public Health?
National Public Health Week Is April 2-8, 2018

Q&A with NACCHO Board President Umair A. Shah, MD, MPH
Using “Hi-Tech” and “Hi-Touch” to Advance Public Health

Washington, DC, March 30, 2018 – The National Association of County and City Health Departments (NACCHO) represents the nation’s nearly 3,000 local governmental health departments. Its mission is to be a leader, partner, catalyst, and voice for local health departments around the nation. In this interview, NACCHO Board President Dr. Umar A. Shah discusses advances in public health as we celebrate National Public Health Week.

Q. Dr. Shah, this year the theme of National Public Health Week is “Changing Our Future Together.” Your local public health department Harris County Public Health (HCPH) is the nation’s third-largest county, with 4.7 million people. HCPH, a past recipient of NACCHO’s Health Department of the Year Award, has introduced innovative, futuristic programs, including what you term “hi-tech” and “hi-touch.” First, what do you mean by these terms?

A. Let’s start with the notion of “hi-tech” and applying it to the advancement of projects. We believe strongly at our department that we are not building public health of yesterday or today, but rather of tomorrow. As you can imagine, such work starts first with the
establishment of a safe space where it encouraged to try new and different things – in other words, developing a culture of innovation. This innovative approach includes the hiring and developing of staff members who are not always of the typical public health background – for example, NASA is in our backyard and we have not been shy about hiring people with this background, including a former NASA technologist. Such people help drive projects that allow agencies such as ours to advance into the world of innovation. While we often focus on the innovation and technology pieces, it is equally important for us to be thinking of the question “to what end?” In other words, it is not just technology platforms and tools, it is for the purpose of making a difference in the lives of people. Connecting with people. Making lives better. We have to remember that while tools make our public health staffs across the nation more efficient and absolutely stronger in their work, in the end it is about reaching people. The notion of “hi-touch” then gets to this concept of connectedness and engagement – it is the critical complement to technology. An example is social media. While we use Facebook, Twitter, and the like, as indeed technological tools, they are ultimately for the purpose of engagement. The notion of touching the lives of multitudes of others at once – that gets at “hi-touch.”

Q. You began by talking about “hi-tech” projects – can you provide an example of such a “hi-tech” project at your agency?

A. Just as at other public health agencies, preventing the spread of Zika has been a priority for our health department during the past two years. While we have one of the country’s premier mosquito and vector control programs, we realized we needed to adapt efforts to bolster our mosquito control activities to prevent Zika in our community. An example of our “hi-tech” approach was our first-of-its-kind partnership with Microsoft Research to pilot “smart” mosquito traps that use infrared technology in identifying whether captured mosquitoes are Aedes or Culex mosquitoes based on the individual flapping pattern of their wings! The traps help target specific types of mosquitoes over others, and on the back-end, collect incredibly rich data and analytics about the mosquito vectors captured. Throw in the future incorporation of drones, and you have Project Premonition, with the end goal being deployment of smart-traps throughout varying terrains capable of providing departments like ours with never-before-available
information for real-time decision-making. While the technology is really cool, it couldn’t happen without the people who not only have the expertise, but also a part of a culture that values tackling traditional problems differently.

Q. Dr. Shah, you described the “hi-touch” approach – how was it employed in the aftermath of Hurricane Harvey, for example?

A. 2017 was certainly busy for local health departments across the country with respect to emergencies – Hurricanes Harvey, Irma, Maria, Nate; wildfires; mass shootings; influenza; etc., all wreaked havoc throughout our communities. I am so incredibly proud of the way local health departments responded in their respective communities – everything from establishing incident command structures to providing support for mass sheltering to ensuring community-wide messaging – and the list goes on. This is the incredible legacy of what health departments mean to community well-being, safety, and security across our nation.

Hurricane Harvey was such a massive undertaking for impacted communities across Texas. It was primarily a rain event for Houston/Harris County, with over a trillion gallons of water being dumped onto our streets and flooding homes and businesses alike over just a few short days. Along with partners like our colleagues at Houston Health Department, we were asked to step up to provide for a whole host of community-wide public health needs. This certainly is where the notion of “hi-touch” became so critical to our department’s work.

For several weeks on end – essentially 24/7, our department took to heart that since our community was essentially transportation-challenged, we had to be “mobile” for it. So, we leveraged our previous two-year investment of $2 million to deploy a fleet of eight large-scale, state-of-the-art RV units into the community. From a one-of-a-kind mobile mosquito museum to mobile animal wellness and vaccinations, these units made up roving “health villages.” As we went into communities devastated by Hurricane Harvey, we set up shop at neighborhood grocery stores, places of worship, schools, etc., in an effort to reach into our community. It included all of our core values of health equity, innovation, and certainly
engagement – furthering this notion of “hi touch.” Emergencies truly show us that engaging our communities must be a priority for public health.

Q. How can other local health department replicate your success?
A. I believe strongly that we must learn from each other. We must build upon what other agencies like ours in public health – and even those not so like us in other sectors – have done to be successful in serving their communities’ needs. This means we must have a different mindset – a private sector approach to public sector issues. Not forgetting what makes us uniquely different in our mission to “do good,” but to adapt and adopt from others. We hope what we are doing at HCPH is helpful to others and can serve as a model for the future of public health. We don’t have it all figured out by any stretch of the imagination – we learn from others as well. But it is this absolute quest to approach the problem from different angles that we strive for at our agency. I would encourage others to do the same for the challenges they face in their communities – in truly building the public health of tomorrow.

Q. Any final thoughts?
A. Only to say that it is so important to ensure the balancing and leveraging of the critical and complementary concepts of “hi tech” and “hi touch” as we do our work. In this age of technology, we can easily forget the purpose of what we do and how it impacts the people we serve. In mastering both of these concepts successfully, we can truly advance this notion of “changing our future together.”

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About NACCHO
The National Association of County and City Health Officials (NACCHO) represents the nation’s nearly 3,000 local health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit [www.naccho.org](http://www.naccho.org).