

Career planning in public health



Photo credit: Move Up Prince George

Dr. Andrew Gray, Medical Health Officer, Northern Health

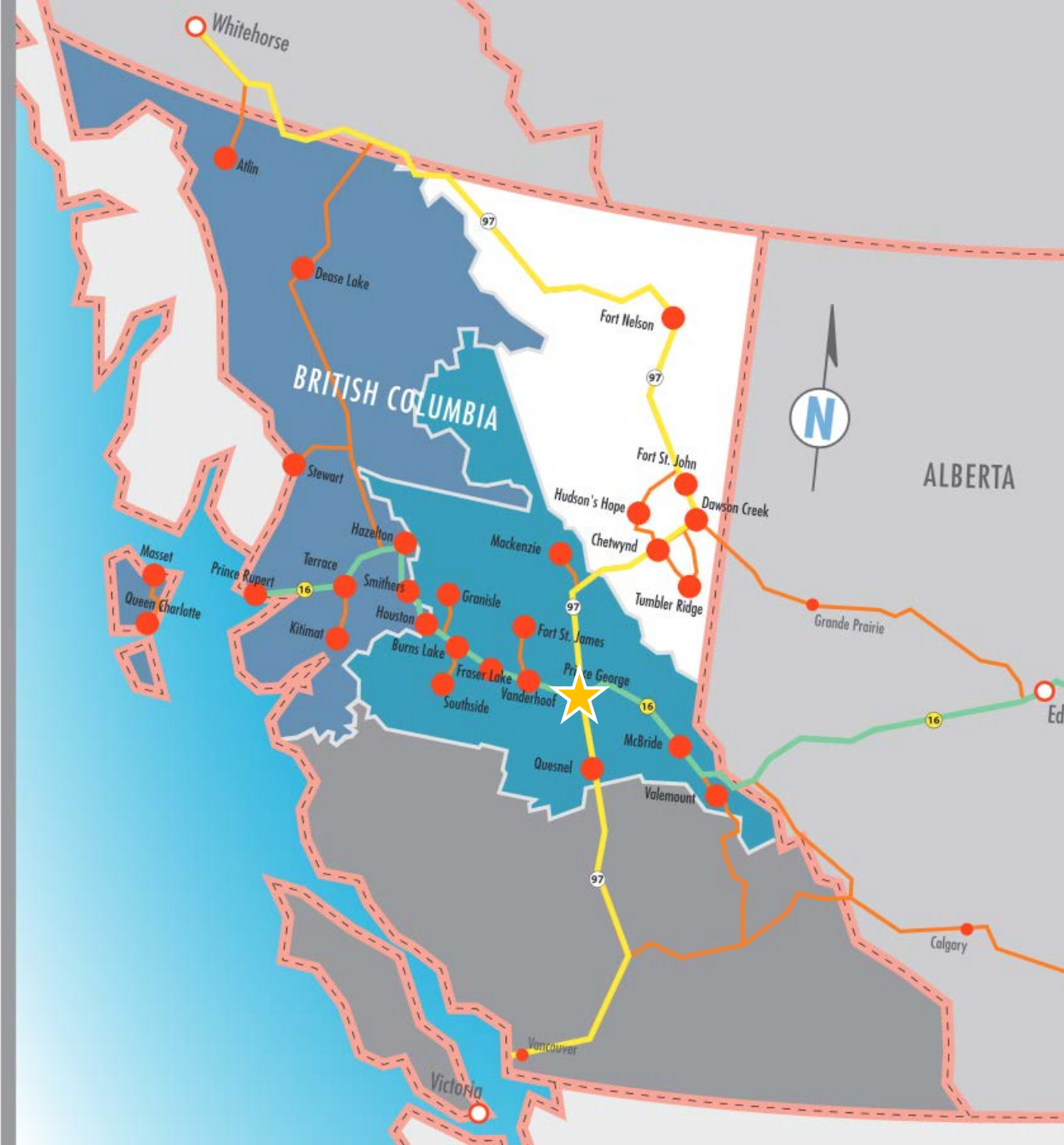
April 4, 2017

Prince George, BC | traditional territory of the Lheidli T'enneh First Nation

Where do I work?

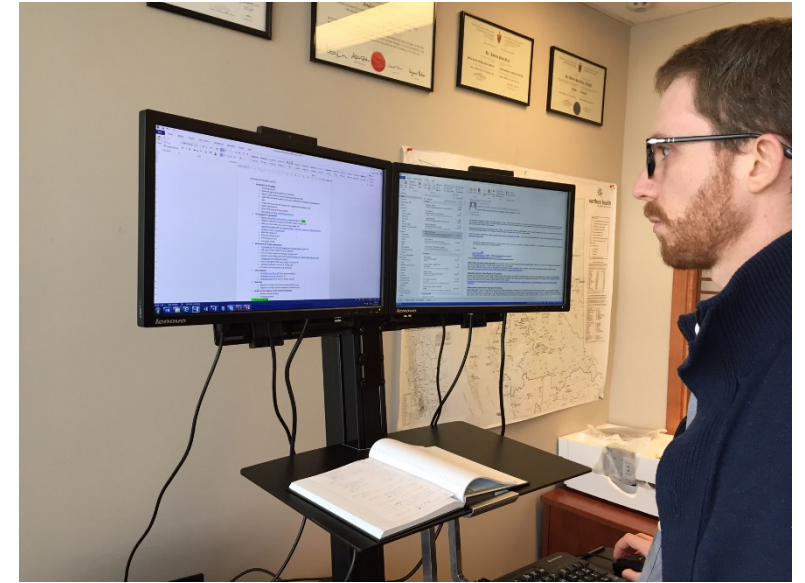
Northern BC:

- 300,000 people
- 6.5% of BC's population
- 65% of BC's landmass



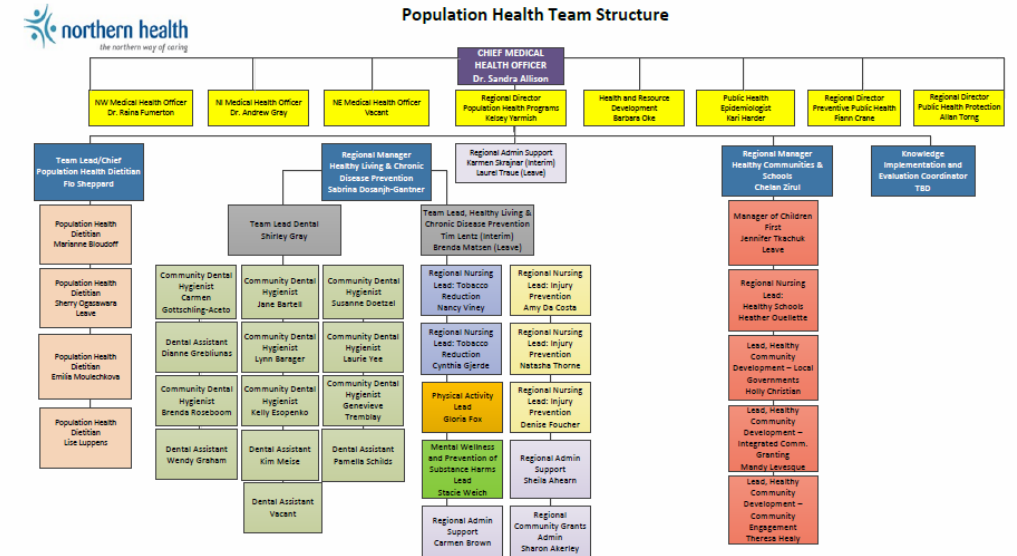
What do I do?

- **Role:** leadership and medical input on public health matters
- **Issues I work on:**
 - Local responsibilities: a little bit of everything
 - **Protection:** air, water, food, emergency response, facility licensing
 - **Prevention:** communicable disease control, harm reduction, sexual health, family health
 - **Promotion:** healthy communities, healthy policy, chronic disease & injury prevention
 - **Surveillance**
 - Regional responsibilities: policy and programming (co-leadership)
 - **Prevention**, primarily communicable disease and harm reduction
- **What does that look like day-to-day:** e-mails and meetings mostly



Who do I work with?

- Public health staff: regional nursing leads, environmental health officers, epidemiologists, licensing officers, program managers, admin, etc.
- Health care operations and physician leaders
- Public health staff from other regional and provincial agencies in BC
- Other sectors: municipal and Indigenous governments, school boards, police, community organizations, media



Revised, January 11th, 2017

How did I get here?

First, a bit about me:

- I'm a pragmatic idealist
- I'm a joiner
- I struggle with perfectionism
- I am comfortable in formal institutions
- I have few personal commitments outside work
- I get to play life on "easy mode" (White + male + class privilege)



What drove my decisions?

- Main talents in school: math and computer science
 - BSc Mathematics and Computer Science, UBC 2005
- Realized direct service to others would be more fulfilling
 - MD, UBC 2011
- Realized “big-picture” social justice analysis is my passion, and I’m very introverted
 - Public Health & Preventive Medicine residency, McGill 2016 including MSc Epidemiology, McGill 2014
- Developed particular interests in Indigenous health, health and resource development, discrimination, harm reduction, being a generalist
- Realized BC is where I feel at home
- Lucky timing: this job opened just as I was graduating
 - MHO in northern BC

Strengths

Values

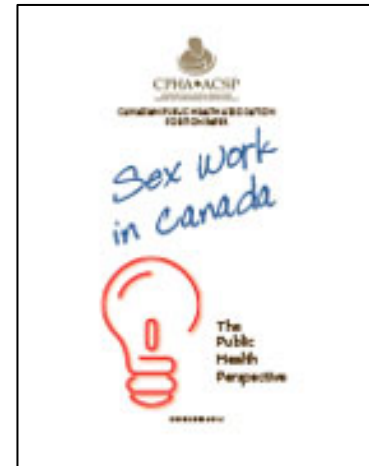
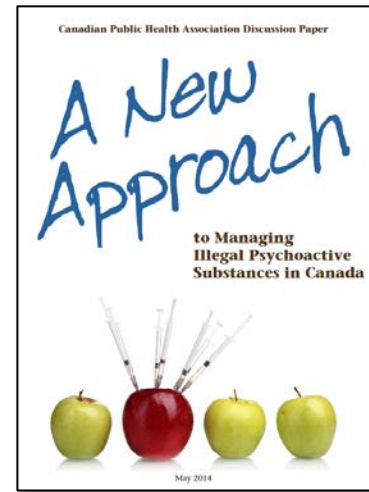
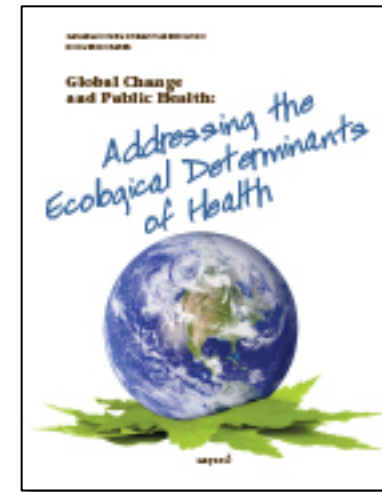
Interests

Needs

Opportunities

What else has helped?

- Joining associations and attending conferences:
 - CPHA
 - PHPC
 - Provincial public health associations
- Why: I really enjoy it
 - Content: exchange evidence and ideas
 - Contacts: mentors, role models, experts, friends
 - Collective action: more effective than individual action (support and learn)
 - Culture: observe the field's discourse, debates, praxis, power structure



What else has helped?

- Volunteering:
 - CPHA Student Ad Hoc Committee x 1 year
 - McGill Epidemiology Student Society x 1 year
 - PHPC Residents Council (+ NCCPH liaison) x 3 years
 - Health Officers Council of BC Aboriginal Health Committee (just joined)
- Why: I see value in these entities and want them to succeed, and their biggest bottleneck is always having enough people to do the work
 - Side benefits: develop relationships, develop transferrable skills, get invited to talk about your career trajectory in a webinar



What kind of role and setting to pursue?

Many potential options:

- Research vs. policy vs. practice
- Government agency vs. independent organization vs. industry vs. academia
- Generalist vs. specialist
- Local vs. provincial/federal vs. international/global

Factors to consider:

- Variety
- Autonomy
- Stability
- Day-to-day tasks
- Learning opportunities
- Organizational culture
- Location

Thanks for your time!





CPHA Leadership Series

Careers: Lorraine Telford R.N., M.N. CCHN (C)

Consultant in Evaluation and Improvement

Alberta Health Services

Purpose

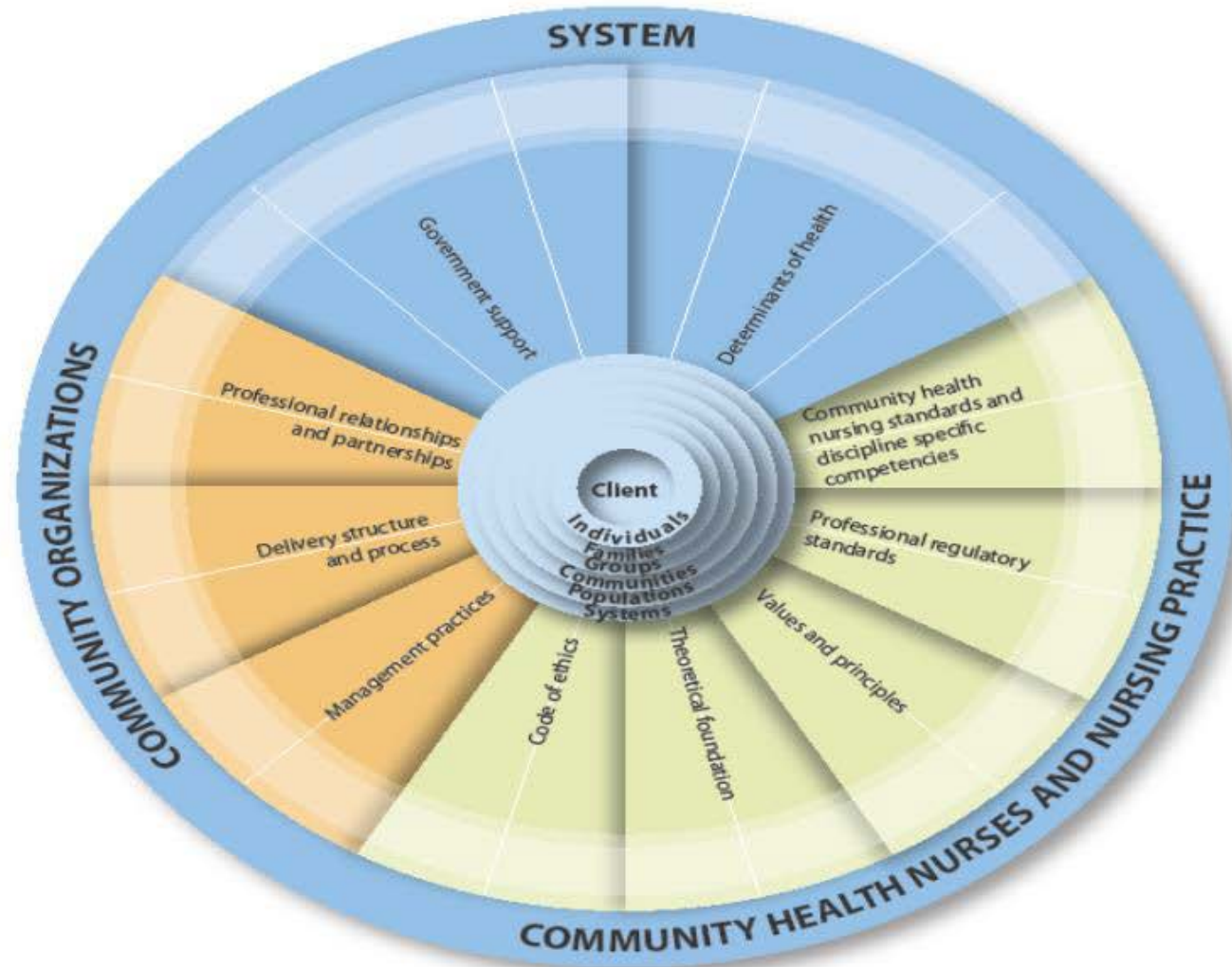


Photo: Toronto Archive – School entry screening by a PHN circa 1923

Share my ideas about career journeys:

- Public and Community Health Nursing
- Personal is professional/political
- Opportunities bang on one's door
- Old vs new work world? Myths abound

Community Health Nursing Professional Practice Model (2011)



Community Health Nursing Standards and Competencies (2011)

Growth as a
profession over 30
years

Standards of Practice for Community Health Nurses



STANDARD 1: HEALTH PROMOTION

STANDARD 2: PREVENTION AND HEALTH PROTECTION

STANDARD 3: HEALTH MAINTENANCE, RESTORATION AND PALLIATION

STANDARD 4: PROFESSIONAL RELATIONSHIPS

STANDARD 5: CAPACITY BUILDING

STANDARD 6: ACCESS AND EQUITY

STANDARD 7: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Did I know PH and HP was for me? Not at all...

As a kid, I loved science and biology.

I am a global ("forest vs trees") thinker, and found myself interested in politics even at twelve years old.

When the time came for a career decision, back in '76 – the peak of the women's movement and the tail of the "peace, love, freedom" politicized movement – I decided that getting a university degree in nursing was for me.

Nurses use **emic, empirical, ethical, and esthetic** knowledge and are "tapped in" to clients' expressed needs.

And in public health, this holds true for what we call client:

Client, defined in community and public health nursing includes the *individual, family and community*.



“

Talking about prevention in the late 70's was like pushing a rock uphill. Attitudes about lifestyle choices and victim-blaming were predominant. Thinking and talking upstream during this time has helped me have courage when talking about things that are considered radical or controversial today. In fact, being able to articulate, in a convincing way, ideas about health policy or prevention to health (illness) leaders and politicians, is the most valuable asset I acquired in these early days.

”

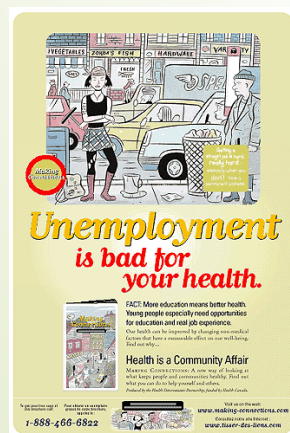
Why Public
Health – 1 Prev.

Narrative for *Leadership for Change in Population Health* Course, Institute for
Healthcare Improvement

Opportunities: Volunteering, Learning

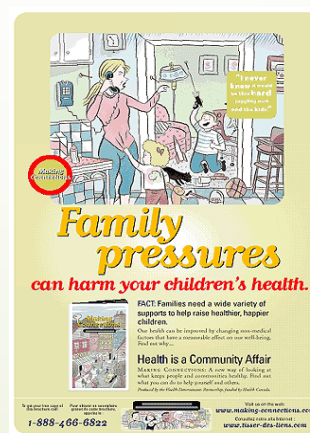
Nursing

- Mentoring
- Certification
- Association Membership and Leadership
- Quality Improvement



Public Health

- Certifications
- Pro-bono consultation services
- Association membership and Leadership
- Short-term opportunities in “pilots” and projects (e.g. the [Making Connections Campaign](#) on social determinants of health)



Opportunities: In Practice

Nursing (Not Public Health and Public Health)

- Teaching (three Universities, B.SC.N. and M.P.H., M.N.)
- Leading Teams (Clinical, Management)
- Senior Management Decision-Making
- Course writing and Development (two universities)
- Research Grants – writing, implementing
- Conference and Special Event Planning Committees
- Projects (e.g. Vicarious Trauma mitigation in HRHV)

Not Nursing

- Quality Improvement Lead
- Primary Care and Health Promotion (meets Public Health) in a Community Health Centre
- Oral Health Program Management
- Counselling Program Management
- Chiropody Program Management
- Projects (e.g. town hall meetings)



We can do this



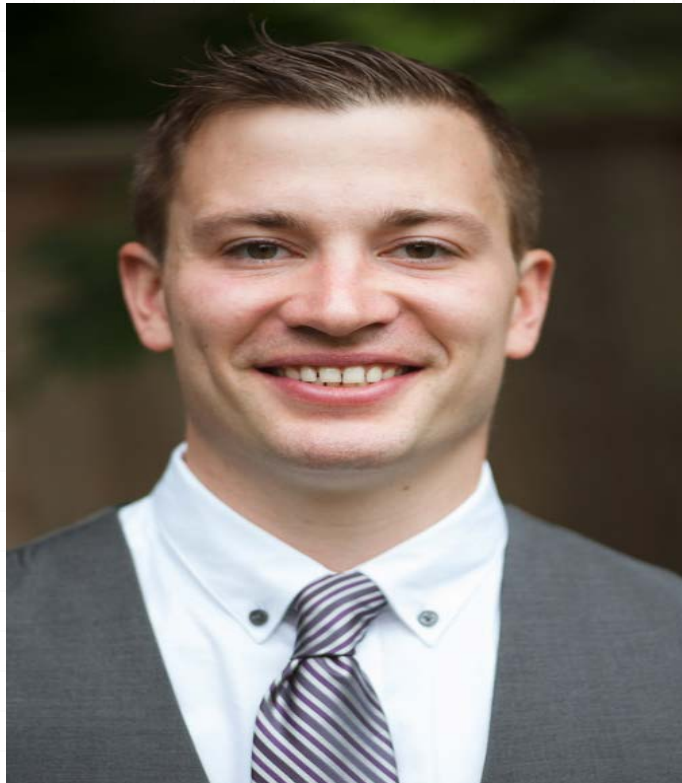
**PUBLIC HEALTH IN
PRACTICE**

**Paul Cseke
Environmental Health Officer
Victoria, B.C.**

OUTLINE

- o Introduction
- o What is an EHO
- o Journey
- o Lessons along the way

Introduction



Gateway Village Health Unit
Suite 201 - 771 Vernon Avenue
Victoria, BC Canada V8X 5A7

Paul Cseke, CPHI(C)
Environmental Health Officer

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Fax: 250-519-3402
paul.cseke@viha.ca



Environmental Health Officers (EHO)

- AKA Public Health Inspectors (PHI)
- Regulate:
 - Food service
 - Public and commercial pools
 - Drinking Water
 - Sewage
 - Personal Service Establishments
 - Other

Certification / Training

- o National Professional Institution: Canadian Institute of Public Health Inspectors (CIPHI)



Environmental Health Officers



Inspection Reports

- o Inspection reports are public
- o <http://www.viha.ca/mho/inspections/>

Inspection Information
Facility Type: Food (Restaurant)
Inspection type: Routine
Inspection date: November 18, 2016
Number of critical violations: 0
Number of non-critical violations: 2

This facility was given a **high** hazard rating.
■ [More information on hazard ratings.](#)

Violations:

A summary of the violations found during the inspection are listed below.

Code Description

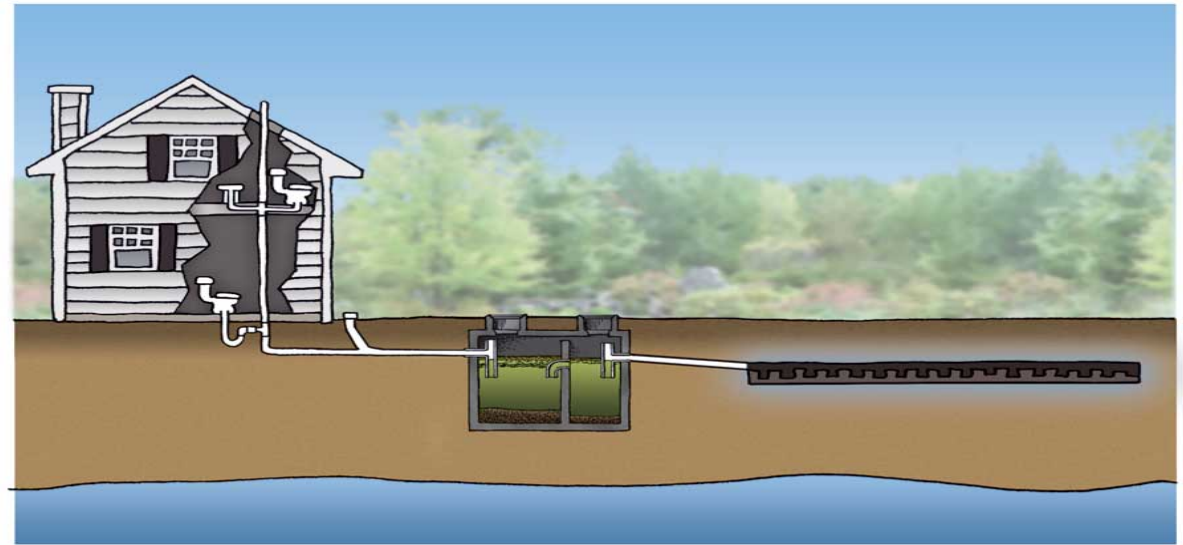
- 115 Inadequate Insect / Rodent Control
Cockroaches observed around food preparation areas. Cockroaches were also observed along walls and in floor/wall junctions. Additionally mouse droppings were found throughout the facility specifically around floor to wall junctions.
- 116 Improper Construction / Maintenance of Establishment
Cleaning required in the following areas: Front servery - remove all items, clean, repaint as needed, secure against mice and seal all cracks. Front dish area - clean floor/wall junctions. Seal all cracks in stainless steel equipment, repair broken grouting. Grill and wok area - clean around fire safety system, repair broken tiles, clean under equipment, remove decaying wood. Food prep area near walk-in - sealing food prep tables, sealing shelves, seal any stainless steel coving around walk-in that is not flush. Walk-in cooler - clean shelves and walls, seal floors if necessary, clean on top and inside of all fridges. Back dish area - clean under all equipment, behind fridge, around wood block, remove unnecessary items and lay traps as needed.

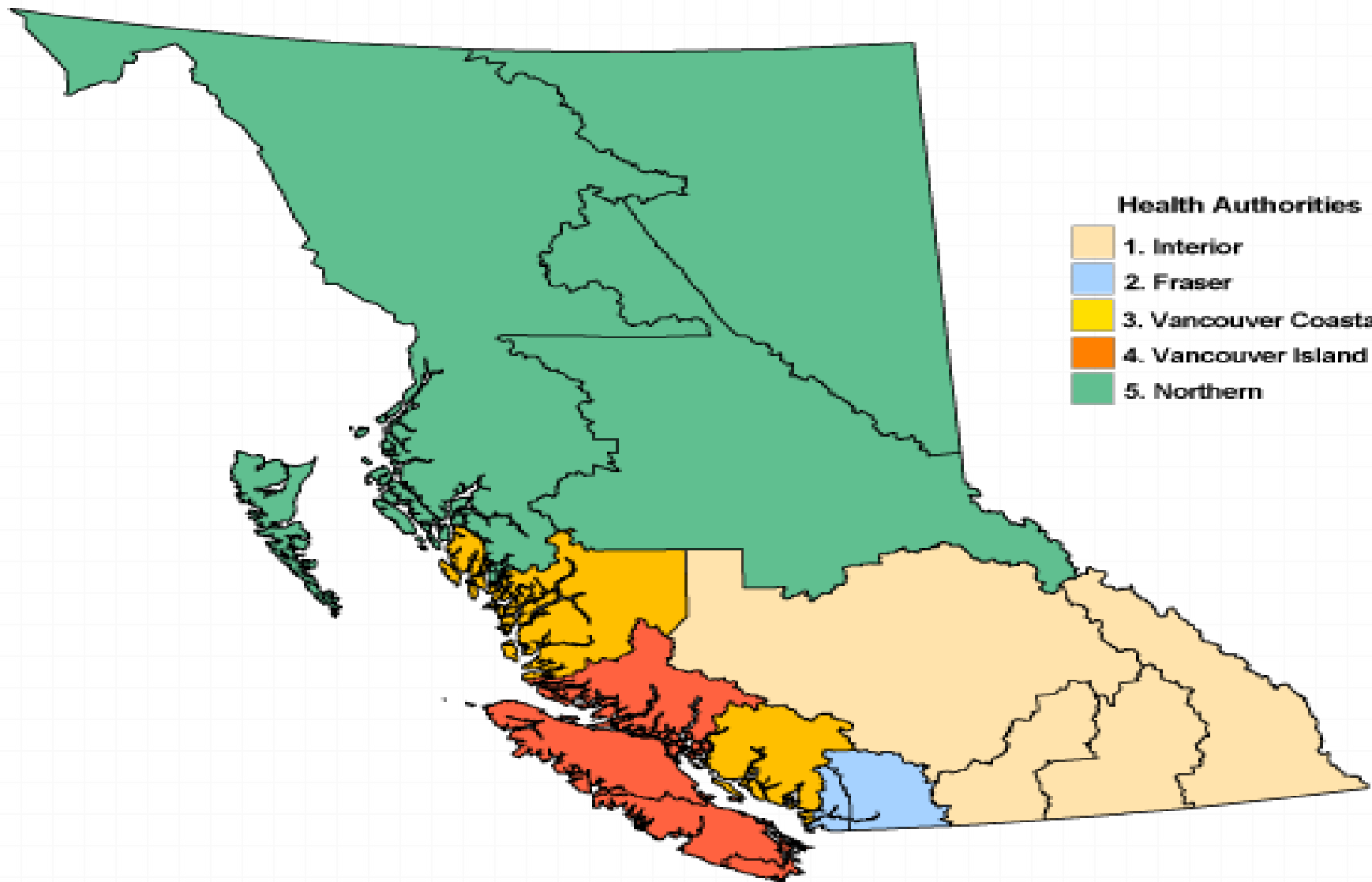
Comments: See Order for additional information. Dishwasher > 82°C at manifold. Coolers < 4°C.

Pools



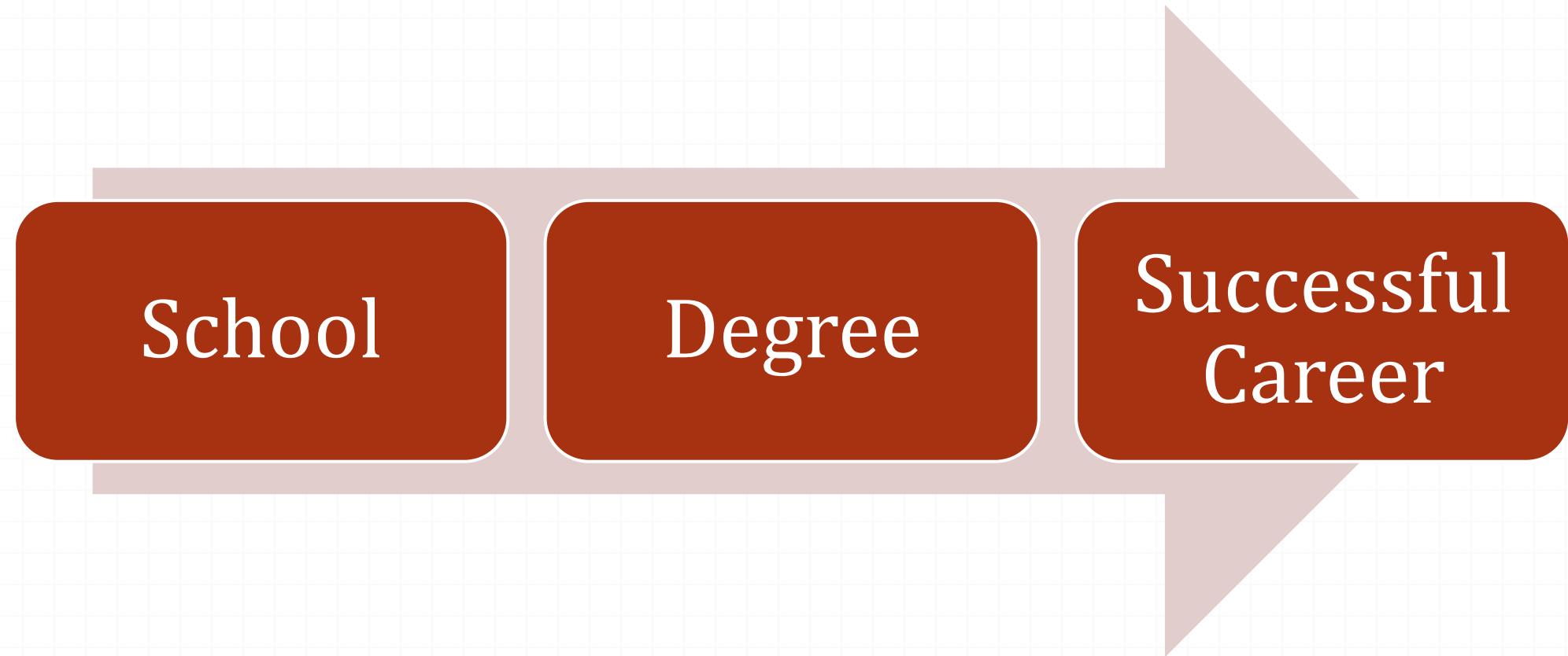
Drinking Water, land use, air quality, etc





My Journey

o Some people may have had this path.....



My Journey

- o Quality Assurance Lab Technician
- o Travelling
- o School
- o School
- o And yes ... more School
- o Food safety Auditor
- o Temp EHO Jobs around BC
- o Full time EHO in VICTORIA

Lessons Along the Way

- o Understand the “conventional way” is now unconventional.
- o Know and keep your passions and your interests strong.
- o Keep in touch with the people who mean most to you.
- o Give back.