

1-18-13 When Opportunity Knocks

Each year I receive the offer to work with an intern from the Massachusetts Department of Public Health (MDPH), Division of Epidemiology and Immunization, through their Local Health Internship Program. While this is a wonderful opportunity, I've always felt too busy to take the time to design the program and to provide oversight, and my office is too small and cramped to allow for another person. So, I've always passed.

Over the last couple years, however, I've developed a student/mentor relationship with a local business woman who decided for a career switch from making much-loved cakes to attending Bridgewater State University's Health Studies program. At times Paula has shadowed me during some environmental sampling or visited the office to chat about public health and seek guidance for her job applications. With the baseline of a working relationship already in place, this time, after giving it some thought, I accepted her offer of an internship. The more I thought about it, the more I looked forward to this opportunity!

The funny part is, when Paula first heard my acceptance, she said, "Now, I get to do the things you do!" I laughed out loud in my office and responded to the email with, "No, you will get to do the things I never get around to!" Then I thought about all the things I don't get to: enough emergency preparedness, enough learning, knowledge of the needs of the town, the weaknesses and its strengths, awareness of "off the radar" people, more knowledge of social services, more interactions with important organizations who may not need permits from me but know the people better than I do. I thought about the faith based organizations, the school, the Police and Fire Departments, the coaches and the daycares. The more I thought, the longer the list became!

Paula and I have met and talked and are in agreement to focus on a needs assessment. She will be introduced to the stakeholders by me through a phone call seeking permission and a letter. We'll develop interview questions and Paula will also have an open ended conversation about what these people see and need.

The results of this internship will provide the basis for another internship. It just so happens that this is the time when MDPH seeks applications for their summer internship program. I've already contacted them to ask about the time frame and the idea of following up on someone else's needs assessment. They are very pleased with the idea and promised to match a student with the proposal. That internship can look at numbers, profiles, trends and make suggestions for public health programs designed to alleviate/improve the identified needs.

With needs identified, ideas generated and relationships strengthened, it gives me hope of actually making improvements and gives me hope of working more with interns on specific health promotion programs. All problems never will be solved, but the first step is a start and I'll take it!

It will be interesting to see what others perceive as critical needs or problems on the rise. When I was working on my masters in health promotion in 1995, many students worked on education and prevention programs for HIV (human immunodeficiency virus), which causes AIDS (acquired immunodeficiency syndrome). Since then, it seems that topic became quiet, at least around “here”. Yet, just recently, there’s a frequently aired HIV health promotion program on the TV. It is full of smiling people, men and women of all colors and walks of life, letting us know that it is important to be tested and that everyone should. There are also ads on TV for home testing kits for HIV. That was not available in 1995! So, even though the virus did not disappear and even though it knows no gender or class or geographical boundaries, we might forget about it and/or be unaware of it as a problem, unless we have crossed paths with it, been impacted by it and it became a personal issue. Research also plays role in our awareness. Now there’s a kit for home testing and, so, the TV ads are timely.

When I told this story to Paula and asked her what students were focusing on for their papers and projects, her answer arrived quickly: “heroin use in this area”. She then paused with eyes wide open, an indication of her incredulity, even though she has been told repeatedly that it is here and it is a huge problem. If you’ve known anyone who became addicted to prescription pain killers, such as Percocet, then you also know the sadness and fear of learning that when these individuals run out of doctors to prescribe the pills and can no longer afford eighty dollars per pill for the street price (yes; \$80.00!), they then run the risk of buying heroin for four dollars. That’s right; \$4.00! That is a scary, sad fact.

We’ll see what is perceived and identified in Halifax as current needs. I do know that this is an opportunity to learn and we cannot address unknown problems or help unknown people. When opportunity knocks, it is a good idea to answer positively.

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