

6-12-09 Who Will Replace The Greying Baby Boomers?

The first time I gave any serious thought to the so-called baby boomers was when I was a student working on my Masters program in Health Promotion. At that time I felt young. Heck, I was young! Even though I was the oldest student in all my classes at age 40, I felt young. The classes I was taking gave me reason to think about the future of health care and it raised a lot of concerns. I was a baby boomer and this had great significance for students of health promotion because it meant that the 76 million people who were born in the United States between 1946 and 1964 would all be turning old together, retiring together, some receiving pensions, many needing Medicare, many unable to survive on Social Security alone and millions more of all ages wondering if the much needed reform of our health care system would ever arrive.

With so many retiring, I've recently joked that this is good for the restaurant and country club business, as we need large spaces for those parties where we tell stories and jokes, take pictures and, of course, give plaques. Who will replace the retirees? Who will replace the teachers, the town clerks, the librarians, the volunteer boards and commissions? Many of those positions are filled by women. At least the teachers have a union and it is a profession that is matched in the education system. How many young people say they think they want to be a town clerk or serve on the board of selectmen?

How many young people aspire to be a health agent? How many adults even know of the job? I don't know but do I remember the day I discouraged an eighteen year old from considering it. At the time I was still fairly new as a health agent and I felt overworked and underpaid. The job was stressful, the challenges many, the paperwork and filing was staggering and, to top it off, the position was fairly invisible most of the time. I encouraged the young woman to take her interest in the environment and in people elsewhere, someplace where she could be valued and rewarded for her work.

Many health agents feel the same way when they start. It takes time to build relationships, to get to know their community and its needs and to learn how to bring a voice for the needs to those who must listen. It takes time to demonstrate that assistance is needed and how much more can be accomplished with assistance.

Now, nine years later, I would encourage that same young woman. It turns out that it is rewarding after all. With assistance and support, problems can be solved and, better yet, problems can be prevented. However, without the support of staff and direction by a board with integrity, the agent is a slave to reactionary movements, hopping here and there to put out fires.

So, future health agents, take note: At the time of interview, (and before) find out about the board of health. What are their occupations? How often do they have a quorum? What do they see as the needs of the community? What do they expect of you? Are they willing to listen to your ideas? How much office staff is available?

Of course, you want to be able to tell the board why you want this job and why you are well qualified for it. As the Talking Heads sang, (somewhat), How did you get there? Well, there is more than one answer and that can be a good thing.

Maybe you studied biology and this will apply to food and water and the environment. Maybe you loved earth science and thought this would apply to soil evaluation for perc tests. Maybe you love people and want to help them. Those are all good preparation for and good reasons for becoming a health agent.

Currently we do, in fact, arrive from different backgrounds. Some are Certified Health Officers. Some are Registered Sanitarians. Some have a Masters in Health Promotion. While the arrival may not be standardized, the goals are. We need to be able to conduct inspections for housing, beaches, spas, schools, restaurants, motels, funeral homes, body art establishments, the environment, plan ahead for emergencies, respond to complaints and talk to distraught people.

There is room and there are pathways for both horizontal and upward mobility, too. A health agent may specialize in one aspect of inspectional services. Another may become a consultant. Another may move on to work for the State's Department of Public Health or Environmental Protection. Some are specializing in emergency preparedness or writing grants. The learning curve is ongoing but so aren't the sources of knowledge.

If this sounds interesting to you or someone you know, there are many opportunities right around the bend. My hair is getting very grey and I am not alone in my professional grey-ness. (Well, I might look alone but the others are coloring their hair!) So, if you eschew boredom, love a challenge and want to help, consider being a health agent.

Cathleen Drinan is the health agent for the town of Halifax, MA. She wants to hear your ideas on what a health agent should do and whether or not you want to be one. She can be reached at 781 293 6768 or cdrinan@town.halifax.ma.us