

12-4-09 Science Based Common Sense

Initially, public health agents study a variety of sciences to prepare for work in the field, only to discover that curiosity creates the questions and common sense guides most of the decisions. Both the natural and social sciences inform the response, even when the actions are science-based.

For instance, while at a food establishment inspection I noticed that the cutting boards looked exceptionally white and complimented the cook on them. Proud of the results, he told me about a certain product he likes to use. “Ah, a product! May I see it?” When I looked at the label, I saw it was a cleaner and this made me curious as to when the product was used. I clarified by asking when in the “wash, rinse, sanitize, air dry” process was this whitening product used. Then I was able to discover that they were using it last, to make sure the cutting boards became nice and white. We looked at the ingredients and the directions for use, all written in fine print, of course, on the back of the bottle. The directions did not refer to the Food Code. They only described how long the product should soak and how it should then be rinsed. So, we had a chat about the sanitizers approved in the food code and then it was clear that the whitener could continue to be used but as part of the cleaning step. It had to be rinsed off and then the cutting board could be sanitized and air-dried. They still get the looks of the white board; I get the sanitized surface. Curiosity and social science led me to the application of the natural science.

In the year 2000 I met a young man, Sam, in my soil science class who had a doctorate in science. I was curious as to why this scientist with his Ph D was there. As I listened, I learned that after having difficulty finding work in his field, Sam responded to a posting for a health agent position. He had been recently hired and needed to become a soil evaluator, as did I, for the Title V related parts of the health agent work. I would see him every once in a while at conferences and I would ask how this young Ph D man was faring. He sometimes confessed to wondering what his extensive training in the sciences was for, since most of it was not used as a health agent.

That’s what he thought initially, as he ran around inspecting houses and restaurants, looking at soils and studying enforcement codes. Eventually he began to teach food safety classes in Chinese. Each year the success of his classes grew and now he can be seen teaching health agents how to succeed when inspecting Chinese restaurants.

Among the numerous tips he gives based on cultural knowledge, my favorite is his advice to look the chef in the eye. He tells us that the chef is the really important person at the restaurant. The restaurant’s success depends on the chef’s recipes and talent. Even if a translator is used, Sam advises, “Don’t look at the translator. Look at the chef. When you do this, you will be honoring the chef’s position and you, in turn, will be respected.”

Social science to the rescue so that natural sciences can be put to use.

Thanks, Sam. The chef seemed really pleased and through the owner’s translations, I received my answers.

My social science skills have recently put to the test when it comes to explaining why certain groups are at high risk for the H1N1 influenza. The science is there; satisfactorily explaining it is another thing.

For instance, a recent message on my office answering machine said (approximately), “Why isn’t this H1N1 vaccine for the elders? I’ll tell you why. They just want to get rid of us! That’s why!” That man did not leave a phone number so I was not able to call him back. A similar message by a woman did include a phone number. Even though I could hear the anger and frustration in the caller’s voice and even though I thought I knew what I was getting myself into when I returned her call, I was still taken aback by her accusations and her beliefs as to why elders were not included in the groups at high risk for H1N1. She thinks it is a conspiracy to rid society of elders who are a financial burden to society. Wow! and Ow!

CDC tells us that, “There has been very little 2009 H1N1 illness in people 65 and older since the 2009 H1N1 virus emerged. This has been true both in the United States and in the Southern Hemisphere during their flu season. Studies of who is most likely to be infected with 2009 H1N1 show that people 65 and older are the **least likely** to get sick with this virus.” Also CDC informs us, “People age 65 and older are at increased risk for complications from seasonal influenza compared to younger people and are recommended for annual seasonal flu vaccines. This year is no exception.”

Two different influenzas with two very different behavior patterns. The full content of the science behind those statements is available for viewing at the CDC website. That is not what allowed the understandably frustrated angry caller to become somewhat more understanding, patient and trusting, though. That happened when she heard that I, too, lost sleep over this whole H1N1 business. In public health we are compadres not contestants.

So, remember: Spread the word, not the flu. Some need the vaccine more than you do.

Cathleen Drinan is the health agent for Halifax, MA and wishes that everyone who wanted the H1N1 vaccine could have it right now. Until there is enough for everyone, she will continue to vaccinate the groups at highest risks first. She can be reached at 781 293 6768 or cdrinan@town.halifax.ma.us