

Inside

the life of a

Public Health Physician

As Janice was sorting through her mail on Thursday morning she came across an article that stopped her in her tracks. The article reviewed malaria outbreaks in India and Pakistan over the past ten years, and showed a recent spike in occurrences over a two-year period. She realized that she may have just found the solution to an issue that had been puzzling her for weeks.

A health status report on her area in Ontario had disclosed a peak in malaria cases over a similar period. As a Public Health physician she had a responsibility to note such trends, find out why they were happening, and suggest an intervention if appropriate. In this case, though, she had been unable to link the malaria peak to factors present within Ontario. Now she realized that, given the amount of travel from her jurisdiction to both India and Pakistan, she could finally account for the anomaly at

home. Sometimes understanding a health trend required not only thinking outside the box, but looking outside of it as well.

She filed the article away and prepared for a 9:30 meeting with a team of Public Health nurses. One of the items to be discussed concerned an apartment building that had been brought to her attention months ago. Public Health inspectors had faced complaints on a weekly basis about pests and roaches in the building. Despite measures taken, the complaints had persisted. When Janice visited the building, she found no evidence of roaches, but was met with a somewhat grim reality: it was located near a large factory, and the environment was infiltrated by a low din and unpleasant



odors. Furthermore, the grassy playground in the adjacent school had been paved over with asphalt. Janice knew that the tenants were largely low-income families without many other options. When people feel trapped and powerless, it is only natural that they should look for factors that they can have an effect on – such as roaches and pests.

Janice had recommended a



community development program which could help residents come together over their problems. Her hope was that once they were empowered to understand their problems and speak up, the complaints to the inspectors would go down. Sure enough, when the nurses in the meeting reported on the program, they noted that the rate of complaints had declined.

As a Public Health physician Janice doesn't usually treat individual patients. In fact her patient was her community; and in the same way that a family doctor might look at a patient, considering symptoms and information gaps and eventually make a diagnosis and suggest a solution – she used community medicine skills to diagnose the health of a population, or a part of a population, taking into account a broad range of contributing factors and giving advice on interventions to improve its health.

For instance, when the population in her area was found to have one of the lowest fitness rates in the province a few years ago, Janice found that school cutbacks had played a significant part. Put under financial strain, schools had to start charging much more for the after-school use of their facilities by groups such as the Girl Guides, and even for the use of their playing fields. Many programs that would have sustained fitness levels – for both kids and adults – were simply cancelled, unable to afford the new fee schedules.

Any Public Health initiative ultimately needs teamwork. To tackle fitness levels, Janice had worked

to bring concerned organizations into a coalition involving professional sports teams, agencies such as the YMCA and the Heart and Stroke Foundation and of course the city itself. The coalition dedicated itself to raising public awareness and eliminating barriers to physical fitness wherever they might exist.

Whether Janice was dealing with infectious diseases, physical fitness, community development or environmental health hazards, she found the challenges of her job rewarding. True, she seldom hears "Thank you for preventing me from getting West Nile virus." But she loved problem-solving on a large scale, and working towards long-term goals. When she watched smoking rates drop in her area, or fitness levels improve, she could see Public Health action at work. Of course, her job could be frustrating as well. Years ago a very effective vaccine was made available for Hepatitis B, for instance, yet the disease persists. The people who needed it the most, often weren't getting it, or were getting sick first.

Her last meeting of the day was with a student.

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Janice was mentoring this young man as part of an arrangement with a university. Sunil was studying to obtain a fellowship in community medicine. They met once a week for an hour or so, talking informally about current issues and the challenges each of them was facing. She was guiding him to ask the right questions, to mistrust cookie-cutter solutions, to become comfortable with uncertainty rather than relying on old and maybe outmoded certainties, and above all to think outside the box and reach for the big picture. He was an able student, and as their meeting closed and she said goodbye to him, she couldn't help feeling a hint of pride at how keen Sunil was to make his way in the world, and at how much compassion and intelligence he would bring to a very challenging job.

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