

Reflections on a summer internship in public health

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As an aspiring physician, I have tried to understand the role of the physician in health care, and in doing so, determine the role I want to play as a physician. I have always wanted to gain experience in public health. With the Area Health Education Center (AHEC) Community Health Internship Program (CHIP), I saw an opportunity to experience a summer in public health. I also wanted to use my background in research and clinical medicine, and AHEC made every effort to match me with a program that appealed to my interests. I became an intern with the Nutrition and Physical Activity Program which focuses on obesity prevention in the Wisconsin Division of Public Health, Department of Health and Family Services (DHFS).

The first 2 weeks of my internship constituted a period of adjustment. My focus area was worksite wellness, about which I had very little knowledge. My first project, writing a draft of the Governor's Worksite Wellness Award Application, allowed me

to become familiar with this area. This award is intended to recognize worksites that have implemented comprehensive wellness programs and to provide an incentive for worksites to focus on wellness. In writing the draft, I became familiar with the action plan for implementing worksite wellness interventions and the use of best-practice and evidence-based strategies. I learned that there was a correct way to implement interventions, substantiated by a wealth of research and proven strategies, that are well-supported by studies. Prior to the internship, I had the misconception that public health was a more nebulous aspect of health care, but my internship allowed me to see the rigorous scientific aspect of public health and the use of epidemiology and biostatistics.

My main project included evaluation of the results of the Healthy Lifestyles Project, in which 6 local nutrition and physical activity coalitions, each receiving a \$4000 grant, worked with up to 5 local businesses to develop a worksite wellness program for 1 year. The objective of my work was to complete a paper appropriate for dissemination to community coalitions and also a journal submission. Fresh from clinical research during the school year, I found myself trying to grasp for what I knew—controlled study designs, quantitative data, and statistics—and soon realized that this public health study was a whole different ballgame. Upon reviewing the literature, I

found worksite wellness studies that fell into 2 categories: (1) studies that had controlled randomized design and statistical analysis of data, and (2) broad-based interventions that had qualitative data. The former lacked generalizability and the latter lacked scientific rigor, but both also made important contributions to public health research. In my work for this study I used more qualitative data because that was what was available and most useful for dissemination purposes.

I wanted to identify barriers in the coalition-worksite partnership, common features among successful and unsuccessful partnerships, preferred interventions (ie, policy, environmental, or program), and the effectiveness of evidence-based interventions. To collect these data, I learned to employ the technique of formative assessment in conducting the numerous interviews with coalitions and worksites. Good formative assessment requires careful questions specifically designed to elicit the necessary information from the key informant while making the interview seem like a conversation. I found formative assessment challenging, but I was able to acquire some proficiency by the time I conducted my last few interviews. In addition to formative assessment, I looked through surveys and additional documents to reach the conclusions of my study.

The result of my work was a research article on the findings of a broad-based worksite wellness state

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initiative employing an innovative coalition-worksites partnership model to promote worksite wellness at the community level. The study identifies both weaknesses and strengths of the coalition-worksites partnership and provides suggestions for a more effective partnership. Public health entities encourage policy and environmental changes, which tend to have a more lasting impact than program changes. The study contributes to the growing body of research on the use and impact of wellness interventions in different levels of the Social Ecological Model (ie, individual, interpersonal, organization, community, policies) as it explores the behavior of the diverse worksites in the Healthy Lifestyles Project.

Another valuable portion of my internship was job shadowing DHFS employees. I was able to work with an epidemiologist, and I learned the technique of geo-

graphic information system (GIS) mapping. My foray into epidemiology helped ease the transition from clinical research to public health. In addition, I was able to attend preliminary meetings of an obesity prevention group forming at the University of Wisconsin-Madison, which was unique in that it spanned across disciplines and linked public health and academia in fields such as medicine, economics, and population health. Through these experiences and working with public health professionals, I have seen the importance of a link between public health and clinical medicine.

Physicians are able to work with patients on the individual level—one at a time. Patients, however, live, learn, play, and work in the community, and therefore public health efforts to initiate policy, ecological, environmental, and behavioral changes that impact entire populations are also important.

Physicians and public health professionals deal with obesity prevention in complementary ways and have the potential to form an effective team. As an aspiring physician, perhaps the most important thing I have learned from this internship is the opportunity for physicians to work in the community with local health departments, schools, and businesses, assisting in public health efforts—a lesson I will never forget. ▼

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