DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 146 Public Health - A Rewarding Way To Help With guest Dr. Lynn Sosa

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 146. Today we have a signature podcast because this is our first episode addressing the area of public health.

My special guest is Dr. Lynn Sosa, who has been working for the Department of Public Health in Connecticut since 2007. Her title is the Director of Infectious Disease and the State Epidemiologist. After finishing her residency in internal medicine, Dr. Sosa did a two-year fellowship at the CDC in the Epidemic Intelligent Service, also known as the EIS.

Dr. Sosa is going to talk to us about how she became interested in public health, and I love this story and how this developed into a longstanding career path. Lynn will share with us what she does in her day-to-day work, as well as discuss the broader opportunities for physicians in public health, and how to assess if this could be a potential area for you.

We'll also be touching upon whether or not you need an MPH, what to expect regarding compensation and where to look for those jobs. It's my distinct honor and pleasure to welcome Dr. Lynn Sosa to the podcast. Hi, Lynn. Welcome.

LS: Hi. Thanks so much for having me.

HF: Oh, it's my pleasure. And yes, I had a little trouble finding a public health person because I had someone, but because of where they work, they were having trouble getting permission, and this has been going on for over a year so I probably just decided, "Okay, we got to do something different here." I'm really delighted to have you, and as I mentioned, I like your story of how you got interested in this direction. So, do you want to take us back to when this first even became a blip on the radar screen?

LS: Sure. Yeah. Like a lot of people, I was always interested in medicine. I always had it in my head that I wanted to be a doctor, but it was really in high school that I first kind of got an idea about first of all, microbiology. I had the chance to take a microbiology class. And it's funny because I really didn't want to take the microbiology class. My friends were taking it, so I took it and then I loved it. It became my thing.

And so, that's really when I first started thinking about infectious diseases as an area. I kind of really cultivated that, did a biology major in college, went to medical school, and then at the end of medical school, we had to take a kind of back to classroom class. And I took one on medical microbes since that was my area of interest. And the person that was teaching that class was somebody who had done EIS.

HF: Oh, interesting.

LS: And so, that was one of the first times I had heard about this really interesting kind of opportunity where you basically learn about outbreak investigations and you get to travel around the world and do all these really cool and exciting things. And so, as I went into residency, I was already thinking about this. I already had a different idea.
And as I went into residency, I liked taking care of patients. I liked that interaction, but I liked the idea of being able to have an impact on more than one person at a time. And because I trained at a big academic medical center, the idea of being a doctor in the community was terrifying. And so, I'll be perfectly honest, I was like, "Oh, do doctors do this not in a place where you can have access to the best experts all the time."

And so, I finished residency. I did go into fellowship with CDC, the Epidemic Intelligence Service. I was based in Connecticut. About a third of each class is based at a state or local health department. I was able to be in Connecticut, and it was really a perfect match in terms of being able to have that broad experience. And that was one of the reasons I went to a state health department. You kind of get to do a more broad experience. Any infectious disease things that came my way, I was able to work on. And I really enjoyed it. I found my people, found the area that I really enjoyed and loved. And I've been able to stay ever since.

HF: It's interesting because you started so early on in your career, and I'm curious, first you didn't want to take the micro course, and then you took it and you really liked it. So what was it that ended up first maybe started repelling you, but then attracted you to this area?

LS: Yeah. I think it was not something I really knew anything about. And so, I was very fortunate I went to a math and science high school. I was able to take almost any class that I wanted to, but microbiology, I was like "Who wants to learn about that?" But once I actually got to do the bench science, got to culture bacteria, got to kind of do the tests

on it, got to learn about the impact that bacteria and viruses have, I thought it was fascinating. Because I think what became very clear very quickly was, first of all, something so small could cause so many problems.

But also the fact that we actually have a lot of things we can do to prevent them. And that was really the thing that was also, as I went through my career, taking care of patients that have all of these problems. But understanding that especially for bacteria, we have antibiotics, we have vaccines. There's so many things that we can do to hopefully prevent people from ever getting sick. And that idea of prevention really became kind of foremost in my mind. And one of the things that really attracted me to public health in general.

HF: Yeah, I know before we recorded, you had talked about how that really impressed you that these tiny little organisms and viruses and things can cause such havoc. And one reason why they call it micro.

But it's interesting. I wish I had had a micro course like you early on, because I have kind of a funny story of the health department in that. I was a bio major, but you didn't have to take microbiology.

And so, I graduated and I moved to Texas and I was trying to find a job because I took some time off before medical school to become a resident of the state so I could go to school affordably. I wanted to apply for this job. And the health department, they had this job where you're the health inspector and you go to restaurants and kitchens and inspect them.

And so, you had to take this test. And I took the test and I was so bad at it because it was all this micro, and I'm like, “Oh my God, I'm a bio major, I bombed this test.” It was so embarrassing. And then where did I end up, not inspecting kitchens? The job I got was in this big hotel chain in the kitchen.

LS: Oh, wow.

HF: Cooking for the employees. And I talked about this on one of the podcasts about what a terrible experience it was, and I didn't last there. But then I just tell that to say, yeah, you kind of need some microbiology.

LS: Yeah. And I was very fortunate to have a great teacher when I took that high school class. And it was a semester of just general micro, but then pathogenic microbiology too, which really got you kind of more in the weeds of the different diseases that bacteria and viruses cause. So, that was definitely the beginning.

HF: Yeah, it's fascinating. I remember loving learning about the worms. That was the one, the class that I said I want to take the notes for, for the students and type them up. They're icky, but they're also fascinating. All right. Well, let's talk a little bit first about your job. What are you actually doing in this role?

LS: Sure. I am the director of infectious diseases at the Connecticut Department of Public Health. And what that means is that I actually oversee all of our infectious disease related activities.

Most of what we do is surveillance. And surveillance for public health is the ongoing systematic collection of health related data for public health action. So, it's not just collecting data for data's sake. We collect data to do something with it. And so, we're the ones that have to collect data on, I don't know, probably anywhere from 80 to a 100 different infectious diseases. So we can monitor trends, understand risk factors, identify outbreaks, investigate those outbreaks.

For some diseases or disease areas, we have an assurance function. For tuberculosis, we work with the local health departments, make sure patients have their medication, are

on the right medication, getting directly observed therapy. We have that aspect of things.

For sexually transmitted diseases, and HIV, we are the ones that are doing case investigations, partner notification, contact tracing, basically, for HIV and STD, but also a big assurance function there, making sure people are connected to care, making sure that people have access to care because we don't want that to be a barrier. Because for a lot of these diseases, if somebody doesn't get treated, they're going to give it to somebody else. So we want to make sure that doesn't happen.

And we also have our immunizations and vaccines. Connecticut is a state where everybody under 18 gets any vaccine that is recommended through the state. And so, a big assurance function there in terms of facilitating that aspect of things. So, it's a little bit of everything that gets going in there.

HF: Are you in a lot of meetings? Do you have people emailing you all the time? Do you feel like your hair's on fire?

LS: Yeah, both. Both. Every day is different. There is no day that is the same. There are definitely less meetings than during COVID, which is a good thing. I directly supervise, right now, like 10 people. Meeting with those individuals, understanding what they're working on.

But I've been at the state health department for a long time, and so I know a lot of the staff. Maybe not in my current role. I've been in my current role for about a year, so it's kind of the overall leader. That's a different role. But I have a lot of personal relationships with a lot of staff, which is a good thing. So I know the staff really, really well because that's the work that I was doing.

I work with them on a regular basis. I still do that medical consultation, doctors still call me because I was for a long time the person that people called if they had questions about treatment or about interpretation of test results and things like that.

But then now, and because of my role, I'm in more of a leadership role, so interacting more with the leadership of the agency, sharing our challenges or sharing the information that we have related to infectious diseases as well. And we're trying to build our staff, trying to actually hire some physicians right now.

And so, because of that, I do kind of straddle the administrative part as being the overall leader for infectious disease. But as we build up our staff I'm still doing a lot of that, kind of the work that I was doing before in terms of the medical consultation. And I am the only doctor right now in infectious diseases. So, I'm trying to make sure that whatever input is needed or important, that I'm providing that to folks.

HF: It sounds like a pretty big job, Lynn. And I'm sure things were a lot different during COVID and you're just having to figure things out as you went along. But when you think about your current job and even about roles that you've had before, what do you find most satisfying about the work that you do?

LS: The people in public health are extremely passionate about what they do. I think a lot about how finding your people is really true. Finding people that think like you, that believe in the same things that you do or are passionate about the same things. And so, I definitely have found that with public health. And that's across the board no matter what diseases that I've worked on.

I like feeling I am making a difference, whether it's for the individual, like I'm talking to a healthcare provider about "What do I do for this patient that had a positive QuantiFERON test?"

HF: A positive what kind of test?

LS: QuantiFERON. This is for tuberculosis.

HF: Oh, okay.

LS: It's a blood test for tuberculosis. We use it to identify people who have latent TB infection. They have tuberculosis in their body. They're not sick yet, so they can't give it to anybody else but this is a time where, again, back to that prevention, we can actually give them medication so hopefully they never get sick and never pass it on to somebody else.

And so, that's a huge opportunity. To be able to say, "Okay, this is what you need to do, this is how you treat this person." It's very easy to do that. And sharing that information is really satisfying.

The other thing for me is that I've had an opportunity to mentor EIS officers that have come after me as well as other fellows. And I've really enjoyed that experience because it definitely keeps me grounded.

Even as I've changed positions and now I'm in this leadership role, I still mentor our EIS officer, our CSTE fellow, which is basically like an EIS officer, but a MPH level person. I get to talk with them about the investigations that they're working on with other staff. I get to look at the data analysis that they're doing. I get to think about it, look at it. And so, it kind of keeps me grounded in the regular work, which now that I'm in more of an administrative role, I think it could be easy to lose. And I've really, really enjoyed doing that over the last almost 20 years.

HF: Well, there's a lot here in different directions I can go in and I'm sure some of the listeners are wondering, "Okay, EIS. Do I need to do that?" You started right after your

fellowship. "Should I get clinical experience? What specialties are important?" We have a lot of these kind of questions, but before we go in that direction, I'd love it if you could share more of the breadth and depth of opportunities in public health for physicians.

LS: Yeah. Obviously, I've been talking a lot about infectious disease related things because that's my area and there are certainly plenty of opportunities in infectious disease, but those are not the only ones. There are definitely public health. And even in Connecticut, we have a whole part of the agency that works on chronic diseases and substance use disorders and maternal child health. And there's definitely opportunities for physicians there, especially in bigger health departments. There's going to be more opportunities to kind of work with that.

And so, I don't know if I'm getting ahead of that, but I think if there's a doctor that's interested, it's first of all really getting to know your local health department or your state health department and seeing who's there, who have you interacted with. If you're somebody that's interested in public health, you probably have already interacted with the public health department. Whether it was reporting a case of infectious disease or reaching out about a service that the health department might offer and getting to know those people.

At the federal level, Health and Human Services is the branch of the federal government. There's actually 10 departments within that, and there are doctors in all parts of that. That includes doctors for Indian Health Service and Bureau of Prisons. That includes doctors that work at CDC, FDA, Medicare services. There's all kinds of opportunities. CDC is not just infectious disease, even though it's a lot of infectious disease, but CDC includes NIOSH, National Institute of Occupational Safety and Health. Includes our environmental health and toxic registry folks, as well as a myriad of chronic diseases.

I can tell you that there's doctors all over all parts of CDC. Definitely a lot of opportunities for infectious disease. That's obviously the area that is I guess the most

exciting and sexy when people think of outbreaks and things like that. But definitely opportunities and a need for physicians in those other areas to bring their clinical expertise, but then also to straddle that clinical aspect of things, be that liaison with the epidemiologic side and using the data to help patients and healthcare providers and the public in general.

HF: Yeah, we had a medical student who was trying to plan out their career path and we always like to have steps and we like to get certifications and training. Would you say that the EIS is very important to do? Could you talk a little bit about that, but also the MPH?

LS: Yeah. I personally do not have an MPH and sometimes I think I should have gotten it, but I'll be honest, I was tired of school by the time I was thinking about it. I had done four years of medical school, I did not take any breaks. And so, I was kind of like, "I just don't want to be in school any longer." I wanted to get on with things.

I think an MPH can be really helpful in terms of giving people a baseline. They get the basic epidemiology training, basic statistical training. Getting that kind of baseline training I think can be really useful, especially if you're not sure you want to be in clinical medicine.

Whereas the clinical side of things is really important. It's something that is very valued at CDC and in public health because we have to interact, we have to get our information and our data from other people. We don't generate it, we get it from other people and then we use it. And most of the time we're interacting with healthcare providers.

So, it's really important to be able to speak their language, to understand what they're talking about, understand what they're going through, understand what their perspective is. And so, that's why that clinical training is really valued in public health,

whether it's for infectious disease or not. Even for doctors like me who don't have an MPH, I had this other skillset. I had this other experience that is valuable here.

I will say that EIS is probably one of the oldest CDC fellowships. It's been around for over 70 years. But because of it, other training programs have been developed. I already mentioned the Council of State and Territorial Epidemiologists, which is the professional organization for epidemiologists in public health departments and state epidemiologists.

They have their own fellowship for MPH level folks, but also some doctors have done that as well. Some states have actually developed their own kind of EIS like fellowship and then there's preventive medicine residencies, which yes, who also do those as well.

HF: That I think is one that we're more familiar with, preventative medicine. And you can get an MPH or you get one at the same time doing that. You had the path where you went right out of your fellowship into working in public health. In hindsight and what you see with other physicians in public health, do you think it would be beneficial to work clinically before you actually get into more of an administrative role or really not necessary?

LS: I think it can help, but I don't think there is one straight path. I can tell you, for EIS, people did it my way where they went straight from residency into EIS. Some people did ID before EIS. Some people, if they wanted to do ID, they did after EIS. I think it's just kind of whatever your path is, it's flexible, which is nice. It's not a kind of one size fits all. There are definitely people in EIS who have done a lot of other things before they get to EIS. I will say that when I started EIS I definitely had some imposter syndrome feelings because I didn't have any breaks. I went straight through.

And so, a lot of people have done other degrees, a lot of people have MPHs, some people have spent a lot of time overseas. I didn't really have a lot of that, but I was still

considered valuable. I was still somebody that I got into the program. It was still having that clinical experience, it was still actually really valuable.

HF: And it didn't stop you. You've made a really nice path of your career. Now what percentage of people would you estimate have an MPH for physicians?

LS: In EIS or in public health in general? Honestly, probably most of them.

HF: Oh really? Okay. Okay.

LS: Yeah, because I think that it's kind of like what you were talking about. If you're in medical school and you can do an MPH at the same time, then you're just going to do it at the same time. Or some people might have done it before they went to med school. They did the master's and then they said, "Oh, I kind of want to go to medical school." So, they could decide to do it after. I do feel like a lot of people have it, but not having it is absolutely not a barrier.

HF: Now when you were talking before about public health, you mentioned a lot of different areas. So my mind was thinking, "Oh, this could be open to a lot of different medical specialties." I'm curious what specialties do you often see or the range of specialties in public health in general?

LS: Yeah. I think the range is definitely there. I would say it's definitely a lot of pediatricians and adult medicine with or without an infectious disease training. But there is no prohibition and there's no restriction for the types of specialties that people would have. And I think if it was emergency room physicians, immunology, I'm fairly certain there's have been at least one dermatologist in EIS. I think all of those perspectives are appreciated because it brings something different to the work that we're doing and it's definitely valued.

HF: Right. And you had mentioned maternal and child health and then it sounds like occupational medicine could be a big area too. Toxicology.

LS: Absolutely. There's no restriction. It's basically people having that clinical background no matter what it is, is something that's going to add value to the public health aspects for sure.

HF: That's great because the more the merrier, right? And we all bring something.

LS: Exactly, exactly.

HF: If we have a hypothetical physician, maybe they've been in practice five years and they want to make a difference on a broader scale, but it's not pharma, they don't want to do it that way or another way. And so, they're thinking, "Could I get into public health?" Let's just say maybe they have an MPH already. How would they even start exploring what they could do, who to talk to, where to even know and learn about what they're eligible for?

LS: Yeah. I think I said it before, but getting to know your local health department or your state health department I think is going to be a great place to start because they're going to know what's going on in your particular area. They're going to know, "Oh yep, you should definitely talk to this person who maybe has a study overseas." I don't think we've really talked about that, but there's definitely a lot of public health that goes on overseas. But even domestically, your local and state health department are going to know, it's a relatively small world.

We all talk to each other in our specific disease areas. And so, we definitely are really good at that kind of networking and that kind of discussion in terms of, "All right, we have somebody that's interested in X, Y, Z. Who can we connect them to?" Those will also be the people that will be very familiar with the fellowships that might be available,

kind of who locally has certain fellowships available, for example, New York City has preventive medicine residency and things like that.

But then also they might be like, "Oh, this person did EIS. You should talk to them." Or they did EIS more recently for example than I did because things change over time. I can tell you what it was when I did it 20 years ago, but this person's done it more recently. They can tell you how it's changed, they can tell you what their colleagues have done, things like that. So, definitely starting with your local and state health department.

CDC also has really expanded a lot of their opportunities. EIS is still kind of like the premier fellowship opportunity, but there are many. They have a whole workforce part of CDC and they've really done an excellent job trying to expand that. And a lot of that is meant for newer people of all different levels. Bachelor's level, MPH level, and PhD or MD level.

And I'll be honest, I don't think I know everything that they have done. And so, I think it's worth also just going to their website and seeing what's available, but local and state health department is always going to be the best place to start making those immediate connections.

HF: When you were just talking about the CDC, are these opportunities for learning or taking courses or internships or fellowships?

LS: It could be a lot of those. They are constantly coming up with new training opportunities or even fellowships that have all different kinds of eligibility requirements depending on what they're trying to do.

For example, there's a lot of talk right now about data modernization and improving our data systems so that we can be prepared for the next pandemic. And so, there's been a lot of effort for new training programs for informatics. And informatics and epidemiology

and bringing that expertise together. And some of those, they actually are just offering to people that are already in health departments.

But then actually, I know a fellowship for placing people in health departments like EIS style to learn how this work is done so we can build up that workforce. That's not related to MDs, but I'm just giving that as an example. As they recognize an issue or a problem, they're trying to address it. And one of the ways is through that workforce development.

HF: All right, interesting. Now something that people are often curious about is compensation of course. And I think word out on the street is that when you work for the government, you're going to take a pay cut. Are you able to give a little guidance about money?

LS: Yeah. I think the word on the street is not wrong. It's definitely less. But I think that if people looked, they might be pleasantly surprised. The federal government definitely pays probably a little bit better than people expect. And if people are really interested, we could talk about the different ways that you can either be in the civil service, you can be in the commission corps, which is a uniform service and that has different benefits.

For the most part, there's definitely less money at state and local health departments. But I think depending on the structure there, we have done a lot of work recently to increase the salary scales to be more competitive because we recognize that that's how we're going to recruit people and there might be an opportunity for negotiation. I think I wouldn't let that be a barrier to people. I think that we definitely want and need more doctors in public health and so it's just a matter of finding those opportunities and making that work. And we recognize that that's definitely an issue.

HF: I'm glad to hear that they're trying to improve things. And are you able to say, is it somewhere around a primary care physician salary? I'm sure there's a range depending on your level, but sort of a bit below that, a bit below it?

LS: I couldn't tell you for the whole country, but between $150,000 to $250,000 is fair.

HF: All right. That's helpful. I have a few things I want to ask you. I have a ton of questions, but we're getting a little close to the end here. I'm going to take a short break to talk about some resources and then we'll be right back. So, don't go away.

All right, my dear listeners, I want to talk about something I haven't really mentioned much on the podcast. If you're at the crossroads and you're trying to figure out what to do with your career, I do coaching. Obviously, that's a big part of my job and I have a program, but I even do one off consultation. So, if you're thinking "I don't really need a coaching program, but I'm really trying to get some clarity on my situation", you can schedule for a one hour consultation.

The way to do that is to go to doctorscrossing.com and go to the schedule page and you can click there to be connected to a link that will give you some more information about consults. You can also simply email us at team@doctorscrossing.com and inquire about having a consultation. I'd love to see how I can help you.

All right, we're coming back here with my lovely guest, Dr. Lynn Sosa, and we are going to talk a little bit more about qualifications. Lynn, a lot of physicians out there are coming from different circumstances, more than we may realize. Some have been out of practice for a number of years, some may not have gotten board certification, their license may not be active, maybe they didn't finish a residency. What do they need to know about their eligibility?

LS: Yeah. And I will say it really depends on the job. The jobs that we just posted had different years of requirements in terms of how long they've been a doctor. And ours in particular did require a license in the state of Connecticut, but we did not require any specific residency training or really length of time in clinical practice.

I will say that several of the jobs at CDC, again will be… I don't know that any generally require board certification. Usually they require a license. I think it's just a matter of looking and seeing what the requirements are of the job.

For a lot of local health departments, they're going to need a physician that's active because they're probably going to be writing orders for their clinics and that kind of thing. But for jobs where we want a doctor because we have that expertise, but we don't actually need them to be a practicing doctor right now, there's going to be more flexibility. So, it really depends on the job and there's definitely opportunities for people from all different circumstances.

HF: Well, that's encouraging too, because we want doors open, not closed.

LS: Absolutely.

HF: The last thing I wanted to touch upon is, where do you recommend people look for job opportunities?

LS: Yes. One of the best places is, the Emory University actually has a job board. And it's one that is free for other people to post to. It's definitely one that gets used a lot by a lot of different agencies. For example, we posted our positions here in Connecticut on that job board. There's also USAJobs.

And just different professional organizations have job boards. I will say EIS Alumni Association has a job board. CSDE has a job board, IDSA has a job board. They're all out there.

And so, anything that is related to an area that you're interested in, they're probably going to have a job board and you can definitely check it out. And then of course, just

like your state or local health department, if that's where you're interested, look at their HR website and look for their jobs.

HF: I'll mention those in the show notes. We'll put links to those so you don't have to go back and try to rewind this and listen to it. Well, this has been wonderful. Any last thoughts or words you'd like to share with physicians who are struggling a little bit or wondering "Where can I use my talents and abilities?"

LS: Yeah. Public health is definitely an area that is very welcoming. We need physicians, we need that expertise and that skillset. And so, I hope that I've piqued people's interest.

HF: Well, I think you're a great ambassador. Congratulations on your career. It's obvious you've taken to it very well and been successful and I'm sure you're making a big difference. So, thank you so much Lynn for coming on the podcast.

LS: Thanks so much for having me.

HF: You're very, very welcome. Well, thank you my dear listeners for being here. We wouldn't do this, and wouldn't want to do it, without you. Please feel free to share this podcast. I know there's probably someone that you can think of who would benefit from it. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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