Community Health Services of Lamoille Valley has a new family nurse practitioner. Elise Rozendaal, FNP, joined the team at Morrisville Family Health Care. She will be training with the other health care practitioners at MFHC for a few months, as she prepares to develop her own panel of patients.

Rozendaal comes to MFHC from Salt Lake City, Utah, where she worked in the ICU at Intermountain Medical Center. She says that, in many ways, ICU nursing and family practice nursing are similar. “An ICU nurse works around the clock with patients and their families. They really get to know them. It is the same with a family nurse practitioner.”

After nearly a decade in ICU, Rozendaal chose family primary care over acute care, because every patient she saw in ICU, she wished she could have seen when they were still well, before they had become critically ill. “I went back for my advanced practice degree to work with the same patient population as I cared for in ICU, hoping I could partner with patients in a family care setting to help prevent these life-altering complications in the first place. I’ve seen things go horribly wrong in ICU, when they didn’t have to. It drove home the importance of family practice. I want to tip the scales in the direction of prevention.”

Rozendaal is excited to have found a job at MFHC that aligns with her philosophy for health care. “I really like their approach of looking at patients holistically, their belief in medical homes, and their commitment to illness prevention.”

Rozendaal lives in Stowe with her husband, two children, and two rescue dogs. They are all looking forward to downhill and cross-country skiing at Stowe Mountain Resort and the local touring centers, and taking advantage of all the great off-leash hiking in the area.

Originally from Massachusetts, Rozendaal got her start in medicine at Bates College in Maine, where she earned a degree in neuroscience. “I love neuroscience, but there’s nothing like providing hands-on care for patients and making a difference every day,” she says. That desire to provide personal care prompted her to pursue a nursing degree at Hopkins School of Nursing. After graduating she moved to Utah to work at Intermountain Medical Center. That is when she decided to study for her master’s degree, which she received through Georgetown University distance learning program.

Dental hygienist Stephanie Cooke, of Northfield, recently joined Community Dental Clinic. She received her BS in dental hygiene from Vermont Technical College in Randolph.

Cooke believes in establishing a rapport with patients and encouraging those who don’t regularly see a dentist to be more compliant with their dental care by scheduling dental exams every three to six months. “At Community Dental Clinic we see a wide variety of patients. It makes me a better dental hygienist to work with such a diverse socioeconomic population,” she says. “I enjoy public health. I find it rewarding to work with people who have difficulty accessing dental care, because they need it the most.”

Cooke also works two days a month as a “tooth tutor” in schools. She meets with underserved kids who haven’t seen a dentist, evaluates their teeth, and helps them find appropriate dental homes.

“I’m always looking to improve my skills and be the best I can be, and at Community Dental Clinic all the tools are in place for me to be successful,” Cooke says. “I want to help patients understand the connection between oral health and overall health.”

Cooke plans to continue her education and someday work in administration at a dental health center or teach at a dental hygiene school.
Until the 1920s, mothers gave their teething, ill, mildly aggravating children and infants a nip of Mrs. Winslow’s Soothing Syrup. It calmed them and helped them sleep. The syrup contained a significant amount of morphine, and was advertised to be safe, but there were many deaths related to the product. The American Medical Association called it a “Baby Killer” and finally it was pulled from the market after years in many families’ medicine cabinets.

Fast forward to today. We know so much more about opiates. We know they are addictive, have high street value, and are promoted by the pharmaceutical companies. And we know that they kill—frequently young people—surpassing car accidents in cause of death in many states. And yet, the prescriptions are written and the bottles continue to linger in our medicine cabinets, much like Mrs. Winslow’s syrup. Well, just as morphine is not good for a cranky baby, Vicodin is not an appropriate treatment for a teenager with an ankle sprain or tooth ache, or any other ailment short of serious trauma.

Prevention is the best way to keep teens from becoming addicted to opiates. Here are five ways that parents and local communities can do to help teens live clean and healthy lives without becoming addicted to opiates.

1. REMOVE EXPOSURE TO THE DRUG
Doctors are limiting prescriptions, so that teenagers, in particular, will not get opiates. Their pain can be managed to a tolerable level in other ways. Ibuprofen and acetaminophen actually perform better in studies than opiates in controlling acute pain. If your child is prescribed hydrocodone or oxycodone for a procedure or pain, consider not filling that prescription. Also, if old bottles of narcotics are in your house, take them to your local sheriff’s department and dispose of them safely.

2. BOOST A COMMUNITY’S PROTECTIVE FACTORS
Find ways to increase adult role modeling, a sense of belonging in a community, and parental involvement. What parents say and do matters. The website parentupvt.org has great resources for parents who want help talking to their kids about drugs and alcohol. Towns need to promote drug and alcohol free events, and schools must be clear and consistent in their enforcement of rules concerning drug use. Consider community events with teens present be alcohol-free events.

3. CONNECT TEENS WITH A PRIMARY CARE PROVIDER
Annual wellness visits are an opportunity for teens to talk confidentially with their PCP about their own unique strengths and risk factors. Undiagnosed anxiety, depression, and post-traumatic stress make a person much more likely to develop an addiction. A teen who uses alcohol before age 15 is 5 times more likely to have a substance use disorder later in life than those who waited until 21 to drink. It’s all about the developing brain, and how malleable youth brains are.

4. HELP DIMINISH STIGMA; ADDICTION CAN HAPPEN TO ANYONE
Opiates are addictive because they make people feel good, pain free, confident, and happier, at least temporarily. Once dependence develops, people need the drugs daily, or they become sick from withdrawal. They need more and more, sometimes spending hundreds of dollars per day, just to not get sick. Heroin is cheaper than pills, and all of a sudden the 20-year-old who was taking Vicodin for an ACL tear is homeless and using IV drugs. This happens all the time and it happens fast. The person is often young and unaware that he or she can get in so deep so fast. No one chooses this.

5. HELP IS AVAILABLE
If a patient wants help, together we will find it. I ask my patients to call our MAT—Medication Assisted Therapy—team at 802-888-6009. You can also speak with your primary care provider or call Michele Salvadore at the Vermont Department of Health, 802-888-2581, or call Behavioral Health and Wellness Center at 802-888-8320. If a family member is not ready for treatment, do not enable him or her. Consider keeping available a dose of Narcan, an overdose antidote, but do not buy drugs for someone with an opiate addiction. Opiate withdrawal is unpleasant, and difficult to watch, but not lethal. Overdose is lethal. Just as it was with Mrs. Winslow’s syrup.

Dr. Katie Marvin practices family medicine at Stowe Family Practice. She has a special interest in helping teens prevent or recover from opiate addiction.