

20 communities named in newest round Healthiest Cities & Counties Challenge supports community health partners

IN JUNE 2019, the community kitchen at Elijah's Promise served just shy of 7,000 meals. The same month this year, as the U.S. COVID-19 outbreak stretched into its fifth month, the New Brunswick, New Jersey, nonprofit organization served over 17,000 meals.

For public health services big and small, 2020 has been a difficult year. As job unemployment rose during the pandemic, more people turned to services such as Elijah's Promise for assistance. Fortunately for New Brunswick, the community organization will get a boost.

On July 15, APHA, the

National Association of Counties and the Aetna Foundation announced that Elijah's Promise was one of 20 organizations chosen for the Healthiest Cities & Counties Challenge. Each organization in the initiative will receive

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Photo courtesy Elijah's Promise

Volunteers at Elijah's Promise, a community kitchen and social services organization in New Brunswick, New Jersey. The organization is one of 20 supported by a two-year program.

Grassroots support Americans bringing Medicaid expansion to state ballots

FOR MONTHS, date nights in Idaho for Rebecca Schroeder and her husband consisted of knocking on doors and standing on porches advocating for Medicaid expansion.

The grassroots effort, which involved hundreds of statewide participants, gathered 60,000 signatures, qualifying it for the state ballot. In November 2018, Medicaid expansion in Idaho was approved by 61% of voters. Today, more than 80,000 additional low-income Idahoans have health care coverage under Medicaid because of those efforts.

"It has probably been the best thing to happen in Idaho in decades," Schroeder, executive director of Reclaim Idaho, which

See **MEDICAID**,
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Photo by Sgt. Michael Baltz, courtesy National Guard/Flickr Creative Commons

Jennifer Romero, a registered nurse with the Florida Department of Health, explains the COVID-19 specimen collection process to a nursing home resident in Northeast Florida in May. Public health workers are in high demand during the pandemic.

On the ground in battle against COVID-19 Long hours, scant resources: Public health workers continue the fight

THE BATTLE AGAINST COVID-19 has transformed the lives of U.S. public health workers, many of whom have been working in crisis mode since late winter. In some health agencies, especially those at the local level that were already underfunded before the pandemic hit, the containment effort leaves little room for other public health work.

Public health workers on the ground spoke with *The Nation's Health* about their experiences during the pandemic.

Guadalupe Valdovinos, COVID-19 contact tracer

In the early days of the COVID-19 outbreak, Guadalupe Valdovinos would come home from work in tears, having spent the day tracking people down and telling them they may be infected with the deadly virus.

"Some people go into shock when they get that news,"

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Photo by Jahi Chikwendiu, courtesy The Washington Post/Getty Images

In June, AshaLetia Henderson, right, takes her first case call as a coronavirus contact tracer with the Alexandria, Virginia, Health Department, with assistance from Michael Spatz, a volunteer with Alexandria's Medical Reserve Corps. Many contact tracers across the U.S. are taking on the job for the first time.

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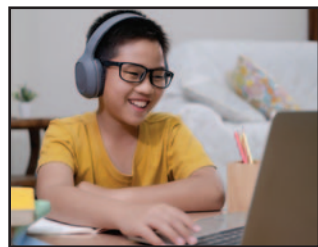
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The NATION'S HEALTH

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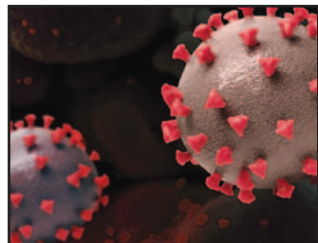


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www.thenationshealth.org
Full issue online Sept. 1

Correction

KENNETH MCLEROY, a former chair of APHA's Public Health Education and Health Promotion Section, died in May. His name was misspelled in the August issue. ■

APHA ADVOCATES

Recent actions on public health by APHA

APHA speaks up for active transportation

Ensuring the safety of walkers and bikers is an important priority in public safety. To further that goal, APHA and its partners are supporting the Invest in America Act, which offers critical funding increases for the Transportation Alternatives Program.

The Transportation Alternatives Program is the largest source of federal funding for walking, biking and rolling transportation, APHA and the other advocates noted in a June 29 letter to Congress. The program helps U.S. communities build sidewalks, bike lanes, trails and crosswalks.

The Invest in America Act would require a nationwide road safety audit to identify dangerous intersections, corridors and other road hazards for bicyclists and pedestrians. It would also require states and metropolitan areas that have above-average levels of deaths and injuries among vulnerable users to assess risks and implement projects to improve safety.

Safety concerns inhibit many people from using active transportation. Fatalities among bikers and walkers make up nearly 20% of all traffic-related deaths, and more than 100,000 people in the U.S. are injured every year while walking and biking.

"This legislation prioritizes investments and policies that would protect

people and prevent needless deaths," the advocates told Congress.

Bypassing CDC on virus data dangerous

Sending COVID-19 hospital data directly to the U.S. Department of Health and Human Services rather than to the Centers for Disease Control and Prevention undermines CDC's authority and harms public trust, APHA and partners said in a July 15 statement.

The Trump administration in July directed hospitals to send coronavirus data to HHS rather than to CDC. But CDC is uniquely qualified to collect, analyze and disseminate information regarding infectious diseases, the advocates said. CDC is in close collaboration with U.S. health facilities nationwide and has developed a respected health statistics infrastructure.

Problems with COVID-19 data collection have largely been a result of the decentralized and fragmented nature of both health care and public health in the U.S., the advocates said. Inadequate funding for data infrastructure at CDC and at the local, state, tribal and territorial levels is also a contributing factor. Underfunding should be corrected, but not by bypassing CDC.

"This is a time to sup-

See **ADVOCATES**,
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Photo by Vgajic, courtesy iStockphoto

A bill introduced this summer would bring additional funding to the Transportation Alternatives Program, which funds infrastructure for walking, biking and rolling transportation.



Photo by Lewkmiller, courtesy iStockphoto

Stable, affordable housing improves people's health and well-being. A new APHA report discusses health and housing.

Housing, health disparities closely connected, new APHA report says

HOUSING INEQUITY has been a barrier to health in the U.S. for decades, despite legislation intended to protect home buyers and renters from discrimination.

As work continues to support fair and healthy housing, a new APHA report, "Creating the Healthiest Nation: Health and Housing Equity," offers tips and tools to help advocates advance the cause.

Housing has increasingly become recognized as a social determinant of health because of its profound impact on physical and mental health.

Research shows that stable, affordable housing improves people's health and well-being. For instance, unaffordable housing cuts into household budgets, making it hard to pay for necessities that support good health. According to the 2018 State of the Nation's Housing report, about 45% of Black and Hispanic households are "cost burdened" when paying for housing, compared to just 27% of whites.

Structural racism is at the core of housing inequality in America, according to the 18-page report. Decades of red-lining, for example, which blocked people of color from moving into neighborhoods, forced many minorities to live in areas that were unhealthy or unsafe. To address such barriers, public health professionals should advocate for policies that support fair and just housing, such as by eliminating racist restrictive covenants in housing

and property deeds.

Racism has also led to a significant wage gap between whites and people of color, resulting in low-income communities with high crime and underfunded local agencies, which contribute to health disparities.

Public health workers can advocate for more funding for federal housing programs, such as the National Housing Trust Fund, and support fairness-in-lending standards for banking and loan institutions, the report said. Another way is to partner with the private and public sector to expand affordable housing options and increase housing subsidies.

"Broad disenfranchisement and overt racism led to the current state of housing and health inequity, and only an inclusive, ethnically diverse, community-led approach will deliver just and desirable solutions," said Kelly Hilovsky, a Bloomberg American Health Initiative policy fellow at APHA and lead author of the report. "This can be achieved using a health equity lens or health-in-all policies approach."

The APHA report encourages the public health community to form relationships with sectors in housing, transportation, planning and community development to shape workable solutions to advance health equity through affordable, fair and safe housing.

For more information, visit www.apha.org/health-equity. ■

— Mark Barna

VITAL SIGNS

Perspectives of the president of APHA

A note to our students: Keep APHA central in your path

THIS COLUMN is for our APHA students, who are both the future of APHA and of public health.

It is the rare fourth grader who says: “When I grow up, I want to be a public health worker.” The journey to working in public health is seldom direct or linear. Your story of how you found your way to public health may have started with realizing that you want to use science to solve practical problems, or that you have a passion for social justice.

Your story of how you found your way into APHA is equally important. For me, it started on Halloween many years ago.

Then a recent MPH graduate, I was giving my first talk at an APHA Annual Meeting, in a ballroom much larger than I expected. As I spoke, the ballroom lights went up, then down, then up. I made a nervous joke about the ghosts of Halloween.

As I continued, the lighting continued to ebb and surge. My talk was a little controversial, so I finally said: “Someone at the funding agency doesn’t want me to give this talk.” At that moment, the room went completely dark. I couldn’t have timed it better if I had tried. It was an auspicious — and memorable — start to my APHA career.

As you live your story and find your way in public health and leadership, I encourage you to keep APHA central in your path.

One of the most important things we can do in public health is nurture a network. APHA gives you access to a vibrant web of meaningful connections. Parts of your network will become mentors or close friends and many of them will grow into your chosen family.

Being part of APHA

provides opportunities to take on new roles — in the Student Assembly, in your member groups and in APHA’s state and regional affiliated public health association. Get involved at multiple levels. The starting points for leadership are often small; sometimes we don’t notice that we are starting. This is why all the opportunities that come our way are important. There are so many jobs to do, and no job is too small to count.

Volunteering leads to more opportunities. Good work leads to official leadership. Leadership begets leadership.

As you lead, embrace the core tenants of public health: Seek social justice, rely on scientific evidence and act with compassion. Intentionally build your community, learn from others, show your passion, and give back to your profession over time. APHA is an excellent medium to do each of these things. Stay engaged as you progress through your career.

The future of APHA, and the future of public health, are in your hands. You are taking us to great places. Remember to help others join in along your way. We are stronger together.

The path that you take, through APHA and through your career, will be unique. What is true for each of you is this: It is your turn. You are leaders. In APHA and in public health, I am proud to be among you. ■



Lisa M. Carlson
MPH, MCHES
president@apha.org



Theme of violence prevention especially relevant this year Excitement building for APHA 2020 virtual event

AFTER NEARLY 150 years of face-to-face events, APHA’s Annual Meeting — one of the world’s largest public health gatherings — has gone virtual.

“This is the most important time in a century for public health people to come together,” said APHA President Lisa M. Carlson, MPH, MCHES. “To share, to learn, to organize — this moment is really important.”

Excitement is growing as APHA 2020 gets ready to kick off next month, convening online Oct. 24-28 under a theme of “Creating the Healthiest Nation: Preventing Violence.”

The shift online means more public health practitioners than ever can access the full Annual Meeting and its hundreds of scientific sessions. APHA 2020 will allow attendees to learn about the latest public health science and practice, engage with colleagues from around the world, earn continuing education credits and hear from leaders in the field.

Registrants will get on-demand access to the meeting program. Carlson said she hopes the virtual format — as well as savings in travel and lodging costs for attendees — will make the meeting especially accessible.

“A hallmark of an APHA Annual Meeting is having to choose what to attend because there’s so much going on,” Carlson, an administrator at Emory University School of Medicine, told *The Nation’s Health*. “But this year, we’ll have access to the whole meeting even after it’s over.”

Emily Bartlett, MPH, chair of APHA’s Student Assembly and an MSN candidate at Columbia University, said the virtual shift will make it easier to juggle her school demands while attending the meeting.

She is looking forward to accessing the many scientific and poster sessions at her own pace. She noted that this year’s National Student Meeting, which the APHA Student Assembly hosts in conjunction with

the Annual Meeting, has also moved online, convening Saturday, Oct. 24. Registration for the student meeting, which will include mentoring and career-building advice, is now open.

“Just being on a computer doesn’t lessen the passion we have for public health,” Bartlett told *The Nation’s Health*.

APHA’s many member groups are gearing up for APHA 2020 as well. The Latinx Voces en Salud Campaign, an advocacy and grassroots initiative, is collaborating with the Latino Caucus for Public Health and other Caucuses on events to observe Hispanic Heritage Month, Sept. 15-Oct. 15. The partners are planning to extend their activities through APHA 2020.

“I am so excited and hopeful that APHA made the decision to go virtual,” APHA and Caucus member Dulce Maria Ruelas, MPH, CHES, an assistant professor of public health at Grand Canyon University, told *The Nation’s Health*. “To me, APHA is a role model — if it can come together online and still put on such a big meeting with all the research we’ve come to expect, maybe it’ll inspire new ways to leverage our knowledge and support each other across the public health community.”

Ruelas said the virtual

format is an especially good opportunity for students to take advantage of the full program of scientific sessions and hear from experienced leaders in the field. She is also excited by the meeting’s access to a wealth of research, which will spark conversations in the classroom.

Past APHA President Deborah Klein Walker, EdD, an adjunct public health professor at Tufts University and Boston University, said that the growing movement to end police violence and its disproportionate impacts on

Black communities make this year’s Annual Meeting theme of violence prevention especially relevant. Walker was so eager to be part of the event that she signed up the first day registration opened.

“APHA 2020 is a chance to organize and support my colleagues in public health — which is more important than ever right now,” Walker told *The Nation’s Health*. “It’s also a chance to support my longtime professional home — APHA — and all the critical work it does to advocate for strong public health systems and healthier communities.”

Participants who sign up in advance can save on registration. For more on APHA 2020, visit www.apha.org/annualmeeting.

— Kim Krisberg



Photo by Delmaine Donson, courtesy iStockphoto

APHA’s Annual Meeting will offer a range of opportunities for attendees to interact and network with other participants.

APHA IN BRIEF



Photo by Chalfy, courtesy iStockphoto

A new APHA resource hub shares reliable evidence-based information on COVID-19 for people who speak Spanish.

COVID-19 guidance available in Spanish

Evidence-based Spanish-language information on COVID-19 is now easily accessible, thanks to a new APHA resource.

Launched in July, COVIDGuia.org shares credible, science-based information on the disease. Covering everything from mental health to business reopenings, the resource hub is aimed at keeping Spanish-speaking people safe during the pandemic.

“The reality is that there are really few resources on COVID-19 in Spanish,” Paulina Sosa, chair of the Latinx COVID-19 Task Force, told *The Nation’s Health*. “By gathering them all in one place, we have created a valuable resource for the Latinx community that is right at their fingertips.”

COVIDguia.org is a companion to APHA’s COVIDGuidance.org, which serves as an information hub for evidence-based recommendations on COVID-19 for both public health practitioners and the general public.

The Latinx COVID-19 Task Force worked with APHA to create the Spanish-language version. One of the founding concerns of the task force, which was launched in June, is the need for appropriate COVID-19 resources for U.S. Spanish-speaking people.

To access and bookmark the resource, visit www.covidguia.org.

Members want more group interaction

APHA members place a high value on the member groups they are part of and want more ways to interact with them throughout the year, a recent survey finds.

APHA’s Member Unit Effectiveness and Engagement Project, which is working to examine and strengthen the Association’s member groups, recently surveyed APHA’s membership about its needs.

With nearly 2,500 responses, the survey provided data on what APHA members want from their member groups.

“We have learned a lot through this process,”

Alan Baker, MA, chair of the project’s advisory committee, told *The Nation’s Health*.

“Our membership is passionate, and they have in no uncertain terms said they would like to be more involved.”

Members will be able to discuss the survey at a listening session at APHA’s 2020 Annual Meeting and Expo, to be held online Oct. 24-28.

For more information, visit bit.ly/APHA-MUEEP.



APHA paper honored with journalism award

The Nation’s Health was recognized with a national award for its outstanding public health journalism.

In July, *The Nation’s Health* earned a 2020 Apex Grand Award for a news story in its August 2019 issue. The article, by Kim Krisberg, highlighted disparities in maternal deaths among Black women and shared ways that programs and advocates are working to address them.

More than 1,100 entries were submitted in the competition. Only 100 Grand Awards were named by Communications Concepts, which runs the Apex Awards for Publication Excellence competition.

Read the article on maternal health on *The Nation’s Health* website at bit.ly/nhmaternaldeaths.

Racial equity T-shirt now available

APHA members can show their support for racial equity with a new Association T-shirt.

The T-shirt is a tie-in to APHA’s successful Advancing Racial Equity webinar series. People who donate to APHA can receive a T-shirt featuring the webinar’s colorful design.

Launched in June, the webinars feature conversations that take a deep dive into the historic and present-day impact of racism on health and explore actionable steps to reduce racial inequality. Thousands of people watched the first sessions, which were provided for free. APHA produced the series thanks to Association supporters, said Tia Taylor Williams, MPH, director of APHA’s Center for Public Health Policy and Center for School, Health and Education.

The limited-edition T-shirt, available while supplies last, is being offered to supporters who make a donation of \$20.30 or more to APHA. The pricing was chosen to coincide with APHA’s goal of transforming the U.S. into the world’s healthiest nation by 2030.

To support the APHA Racial Equity Fund and receive a T-shirt, visit bit.ly/equitytshirt. For more on the webinar series, visit www.apha.org/racial-equity. ■

— Aaron Warnick

The NATION

Health news at the national and federal levels

Outbreaks of COVID-19, flu in fall will challenge public health

THE COVID-19 pandemic in the U.S. spiraled out of control this summer, with record infections in multiple states. Fall and winter may be worse for public health, according to Robert Redfield, director of the Centers for Disease Control and Prevention.

“I do think that fall and winter of 2020 and 2021 are probably going to be the most difficult times we experience in American public health,” Redfield said during a July 16 interview with

the *Journal of the American Medical Association*.

“Keeping the health care system from being over-stretched is going to be

really important, and the degree to which we do that will define how well we get through the fall and winter.”

Because COVID-19 is a novel coronavirus, scientists do not know with certainty how it will respond during cooler seasonal temperatures in the U.S. However, COVID-19 is one in a family of coronaviruses, and during previous outbreaks cooler weather increased infections.

Further knowledge of how the virus will react may be gleaned by examining its behavior in the Southern Hemisphere, where winter began in June.

A study published in June in *Transboundary and Emerging Diseases* looked at COVID-19 infection rates in Sydney, Australia, in March, which is autumn there. COVID-19 cases notably increased as temperatures and humidity dropped. A 1% reduction in relative humidity was associated with a 6% increase of virus cases.

“COVID-19 is likely to be a seasonal disease that recurs in periods of lower humidity,” Michael Ward,

PhD, an epidemiologist at the University of Sydney’s School of Veterinary Science and lead author of the study, said in a news release.

A major challenge is that COVID-19 symptoms overlap with influenza and other respiratory infections, said Michael Baker, MBChB, FNZCPHM, FRACMA, DComH, a global public health professor at New Zealand’s University of Otago-Wellington.

“People will present

with respiratory infections and use scarce COVID-19 testing resources when they in fact have other infections,”

Baker told *The Nation’s Health*. “These other respiratory infections will also cause serious, sometimes life-threatening infections, and put pressure on hospital facilities that may already be overwhelmed with COVID-19 cases.”

New Zealand has successfully stanchied COVID-19; deep into winter in mid-July, the country had no coronavirus cases. But public health workers are still doing double duty: Testing for COVID-19 continues alongside flu vaccines and addressing other respiratory infections, Baker said.

Meanwhile, U.S. health departments are organizing how to administer seasonal flu vaccines safely while workers struggle to contain COVID-19, the National Association of County and City Health Officials said in June. NACCHO recommended that health departments adopt telehealth services for immunization education and counseling, and offer drive-thru vaccination options.

For information on this season’s flu vaccine, visit www.cdc.gov/flu. ■

— Mark Barna



Courtesy BackyardProduction, iStockphoto



Photo by FatCamera, courtesy iStockphoto

Racial discrimination increases the risk of high blood pressure for Black Americans, who are more likely to have the condition than whites. They are also less likely to have it under control.

Study: Racial discrimination can increase hypertension in Blacks

CHRONIC HEALTH factors have long been associated with hypertension, but a new study suggests racial discrimination also increases the risk of high blood pressure for Black Americans.

A growing body of evidence shows that racial discrimination has detrimental effects on the health of Blacks, including higher levels of stress and cardiovascular disease. Blacks are almost twice more likely to develop hypertension than whites, according to the American Heart Association. They are also less likely to have their blood pressure under control.

The new study, published in July in *Hypertension*, is one of the largest to suggest that discrimination may also lead to an increased risk for hypertension.

Researchers analyzed data from the Jackson Heart Study, a long-term research project focused on investigating the risks associated with high rates of heart disease in Blacks. As part of the study, nearly 2,000 Black participants underwent multiple medical assessments between 2000 and 2013. Participants, who were ages 21 to 85 and lived in the Jackson, Mississippi, area, self-reported their experiences with discrimination to researchers during interviews and through questionnaires.

The study found that participants who reported high or medium levels of lifetime discrimination were more likely to

develop hypertension compared to those who reported low levels. During follow-up examinations, 52% of participants showed symptoms of hypertension.

While diet and physical activity are widely accepted as contributing to hypertension, “social factors such as discrimination have rarely been recognized as important risk factors within the health care setting,” Allana Forde, PhD, MPH, a postdoctoral research fellow at the Urban Health Collaborative at the Drexel University Dornsife School of Public Health and the lead author of the study, told *The Nation’s Health*.

Participants were diagnosed with hypertension if they met criteria identified by the American Heart Association.

“Our findings suggest that societal factors, not just clinical factors, should be considered as risk factors for hypertension to understand why African Americans have a higher risk of hypertension than whites in the United States,” she said.

In light of the study’s findings, Forde called for more attention on the way social factors can influence the health of Blacks.

“Understanding the unique social experiences of African Americans can contribute to improving the health of African Americans and reducing racial disparities in health,” she said.

To read the study, visit www.ahajournals.org. ■

— Sophie Wazlowski

Broadband connection considered social determinant of health

Access to internet crucial during COVID-19 outbreak

ACCESS TO HIGH-SPEED internet is an indispensable part of modern life, especially as people shelter during the coronavirus.

As COVID-19 has kept Americans apart, broadband technologies have enabled some of them to work from home, pay bills, take learning courses, seek job opportunities and shop for groceries and other essentials. People are also making virtual health care visits through teleconference platforms.

But for those who cannot afford or otherwise lack internet access, the online shift is passing them by. Broadband access is a public health issue, and one that is being recognized more often as a social determinant of health.

Over 18 million people in the U.S. live in regions without broadband access, according to the 2020 annual report released April 24 by the Federal Communications Commission. But polls and other studies place the number far higher.

Broadband Now researchers, who analyzed FCC data on broadband coverage, say the number is closer to 42 million people without connection. FCC uses self-reporting from internet service providers to tally numbers. If there is service to at least one household in an area, the agency counts the entire census block as covered, according to Broadband Now.

Racial and ethnic minorities, older adults and people with limited education and income are less likely to have broadband access than other households, a 2018 Pew Research poll found. Tribal communities are particularly affected.

The COVID-19 pandemic has exacerbated challenges in households without broadband access, including remote learning. Recent federal data show that 14% of school-age children live in households with no internet access.

This fall, many school

districts will not hold in-person classes because of COVID-19, meaning millions of students without high-speed internet at home will have difficulty keeping up with remote learning. Some students have been relegated to traveling miles to Wi-Fi parking lots, where they pick up an internet signal — such as from a library, coffee shop or hotspot — to take remote classes and do homework.

One way to increase broadband access is through the federal Lifeline program, which provides discounts on broadband and phone services to low-income people. But as of April, only 7 million eligible people had enrolled in the program, according to the Network for Public Health Law, which issued a new fact sheet on the issue in June. To be eligible for Lifeline, households must have incomes that are less than 135% of poverty guidelines or participate in federal assistance programs, such as Medicaid or the Supplemental Nutrition Assistance Program.

“Closing this digital divide is essential to promoting public health, particularly during the COVID-19 pandemic,” according to the Network for Public Health Law.

The FCC must also do better in bringing broadband to more U.S. regions, said FCC Commissioner Jessica Rosenworcel, JD, who dissented from the agency’s 2020 broadband report because she ques-

tioned FCC’s data collection and failure to address broadband affordability.

“This pandemic has exposed just how many are stuck on the wrong side of the digital divide without adequate internet access,” Rosenworcel told *The Nation’s Health*. “Families in every state — big city and small town — struggle with getting online every day. That’s a problem for all of us because it lessens our collective ability to respond to the crisis at hand and move forward together.”

Broadband access should be approached in the manner similar to how America brought electricity to rural areas before World War II, Rosenworcel said. Supported by an act of Congress, officials fanned out across America to map the unconnected communities.

“It sounds crazy, but the FCC does not have reliable maps of where broadband is and is not across the country,” Rosenworcel said. “Once we have better maps, we can target our solutions to the right places, just as was done with electrification.”

“I am optimistic that we can get there, because we can solve problems and do audacious things with the right policies in place.”

To access the FCC report, visit bit.ly/FCCbroadbandreport. For information on Lifeline, visit www.usac.org/lifeline. ■

— Mark Barna



Photo by ljeab, courtesy iStockphoto

This fall, many school districts in the U.S. are holding all of their classes remotely, which may leave students without access to broadband at an educational disadvantage.

Americans support Medicaid expansion — so they are bringing it to ballots

MEDICAID,
Continued from Page 1

led the effort, told *The Nation's Health*.

Expanding Medicaid through a public initiative process has been a successful strategy in states represented by governors or lawmakers who oppose expansion. In 2017, Maine voters were the first to bypass politicians and approve expansion. One year later, Nebraska and Utah passed it on mid-term ballots.

The trend has continued this year. In July, a slim majority of Oklahoma voters said “yes” on the primary ballot, leaving only 13 states that have not expanded Medicaid since the Affordable Care Act went into effect in 2010. Missouri residents were planning to vote in August on whether to expand the program, and advocates in Florida plan to place it on the mid-term ballot for 2022. Expansion is also being debated in Kansas and Texas.

“Hopefully, we provided some inspiration for folks who are still waiting on politicians to do the right thing,” Amber England, campaign manager of Oklahoma Yes on 802, told *The Nation's Health* a few days after the 802 ballot measure passed by 6,500 votes. Over 200,000 additional low-income Oklahomans will qualify for Medicaid when the expansion goes into effect in summer 2021.

The ACA offers states the option to expand Medicaid to single adults and families making up to 138% of the federal poverty level

— \$16,642 for an individual, \$24,600 for a family of four — which is higher than what standard Medicaid allows. The health impact of expanding Medicaid is well known, with a study last year finding 15,600 older adults died prematurely because of state decisions not to expand Medicaid.

The economic benefits to states are substantial as well.

The federal government pays for at least 90% of Medicaid expansion by sending tax dollars back to the state. States fund the final 10% in part from money not spent paying medical costs for people who are uninsured.

In February, a *New England Journal of Medicine* study reviewed health spending in the 6 District of Columbia and the 37 states that have expanded Medicaid. Researchers found that federal dollars paid for almost the entire cost, with states using funds to subsidize rural hospitals and mental health centers.

“Medicaid expansion appears to be a win-win from the states’ perspective — giving health insurance to millions of low-income adults and offering financial support to safety net hospitals, without any adverse effects on state budgets,” the researchers said.

The effect of expansion on state budgets is “minimal or positive,” Adam Searing, an associate professor at Georgetown University Center for Children and Families told *The Nation's Health*.

In 2017, Reclaim Idaho created a statewide grass-



Photo courtesy Reclaim Idaho

Luke Mayville, cofounder of Reclaim Idaho, speaks in 2018 to Idahoans about Medicaid expansion. The grassroots campaign collected 60,000 signatures, bringing the issue to the state ballot and making expansion a reality in Idaho.

roots movement to collect enough signatures to get the initiative on the ballot. Medicaid expansion was desperately needed because of high poverty and closures of multiple hospitals, Schroeder said.

To draw attention to the effort, an old Dodge camper was spray-painted bright green and “Medicaid for Idaho” was stenciled across its camper shell. Some Idahoans signed not only the petition but the truck itself.

Expansion went into effect on Jan. 1, 2020, and this year \$400 million in federal funds has flowed into Idaho’s health care system, helping keep rural hospitals open and people healthy, Schroeder said.

The timing paid off.

Beginning in March, furloughs and layoffs and loss of employer-based health insurance impacted many Idahoans who, without Medicaid expansion, would otherwise have had no health coverage.

Indeed, millions of Americans have lost jobs and their employer-based health

insurance because of the COVID-19 pandemic. During the early months of the crisis, from February to May, 4.5 million workers lost their health insurance in the U.S., according to a July study from Families USA. By the end of the

“Having thousands of people uninsured when there is insurance on the table, 90% covered with federal funds, is not acceptable. It is morally wrong.”

— Rebecca Schroeder

year, over 10 million people will likely be without health care coverage, the Urban Institute and the Robert Wood Johnson Foundation estimated in a July report.

“The pressure will continue to build on states that have not expanded Medicaid as the magnitude of the (pandemic) crisis grows,” Schroeder said. “Having thousands of people uninsured when there is insurance on the table, 90% covered with federal funds, is not acceptable. It is morally wrong.”

States using public initiatives have been challenged by opponents, including lawmakers, even as polls show Americans overwhelmingly support Medicaid expansion. Two-thirds of residents in states whose officials oppose expansion support broadening the program, a May Kaiser Family Foundation poll found. And over 70% of households that experienced a job or income loss due to COVID-19 support expansion.

Idaho and Oklahoma passed expansion measures by leaving politics

out of the discussion and speaking plainly about expansion’s positives to residents.

In Idaho, volunteers delivered a simple message: We already pay for it.

“We are already paying the federal taxes for this and right now we are not getting the health care that we are paying for,” Schroeder said she told residents. “But we are paying again when uninsured people show up in the emergency room needing care. It makes sense that preventive managed care is both cheaper for the taxpayer and better for patients.”

In Oklahoma, volunteers appealed to people’s general belief that health care is important.

“People in Oklahoma want to step up and help their family, friends and neighbors, so just knowing that 200,000 Oklahomans were going to get care was important, as well as saving rural hospitals,” England said.

Since 2016, eight rural hospitals have declared bankruptcy and six have closed in Oklahoma.

Much of Oklahoma’s Yes on 802 campaign unfolded during the pandemic, so knocking on doors to gather signatures was not on the table in some counties. Supporters used social media, telemarketing and texting to reach voters. Volunteers gathered 313,000 signatures, the highest for any ballot measure in Oklahoma history.

“You have to give people hope, and by and large our campaign was aspirational,” England said. “It brought people together.”

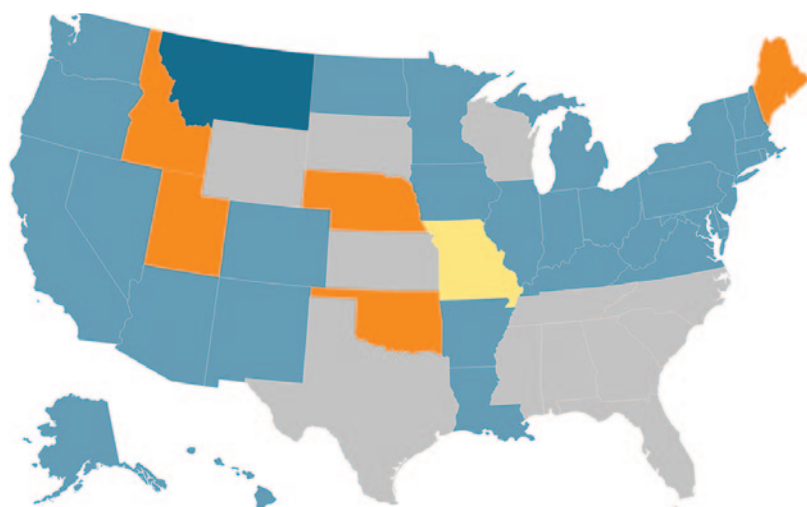
In July, advocates were hopeful that Missouri’s Aug. 4 ballot measure in the primary election would succeed. At stake was health care for 230,000 residents. Passage would bring an estimated \$1 billion a year of Missouri tax dollars back to the state, boosting the economy and keeping hospitals open, according to an analysis by Washington University in St. Louis.

For more information on the economic and health benefits of expanding Medicaid, visit www.kff.org.

— Mark Barna

MEDICAID EXPANSION ON THE BALLOT

Passed on ballot On Aug. 4 ballot Failed on ballot Expanded Not expanded





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Global shortage of medicines could lead to rise in AIDS deaths Pandemic hinders access to HIV/AIDS therapies

THE COVID-19 pandemic has dramatically curtailed the global fight to treat cases of HIV/AIDS, according to UNAIDS.

The disease has led to disruptions in HIV treatment services and inequalities in access to antiretroviral therapies, factors that have hindered progress toward the 2020 global targets of eradicating HIV/AIDS.

“It’s quite clear to us now that we will not reach any of those targets” set for this year, Chris Fontaine, MS, senior adviser of policy analysis and reporting at UNAIDS, told *The Nation’s Health* in July.

A July UNAIDS report, “Seizing the Moment: Tackling Entrenched Inequalities to End Epidemics,” estimates that a six-month disruption in HIV treatment caused by the pandemic could result in 500,000 additional AIDS deaths in sub-Saharan Africa over the course of the year.

Though there is no cure for HIV, antiretroviral therapy significantly slows the virus’ progress, prevents secondary infections and complications, and prolongs people’s lives. Data released in July from the World Health Organization shows that 38 million people were diagnosed with HIV/AIDS in 2019. Over 60% of them were treated with antiretroviral therapy.

But access to the therapy is threatened during the pandemic by overworked health care systems, population lockdowns and logistical issues involving drug manufacturers, according to WHO. A recent WHO survey determined that 73 countries are at risk of running out of supplies, while 24 countries reported having supplies for only three

months or less.

Once treatment has begun, stopping antiretroviral therapy can have dire health consequences for patients.

“It’s not a one-time immunization,” Chris Beyrer, MD, MPH, a professor at Johns Hopkins Bloomberg School of Public Health, told *The Nation’s Health*. “It’s daily oral therapy for life.”

In addition, when a person stops therapy, lingering remnants of the drug in the body can interact with the virus, creating microbial resistance to antiretroviral therapy, Beyrer said.

Although the WHO survey predicts decreased access to antiretroviral drugs, Meg Doherty, MD, MPH, PhD, coordinator of treatment and care in WHO’s Department of HIV/AIDS, said that could change if proper steps are followed.

“It’s important to note that this is dynamic,” Doherty told *The Nation’s Health*. “It’s not a fixed situation, but more an indication of a potential risk. We need to take action. We need to set up structures to ensure that we don’t go into the worst case scenario.”

Health care systems need a strong response to both COVID-19 and the HIV epidemics, she said.

“The same vulnerabilities that have challenged us with the HIV epidemic for decades are also playing a role as we try to respond to COVID-19,” Doherty said.

“I think it’s a reminder to all of us that, one, we need strong health systems that are capable of responding to crises like this and that, two, those health systems will best provide the services to all who need them within a larger societal framework, where people’s rights are respected and where people can afford quality health care.”

For more information on the report, visit www.unaids.org. ■

— Sophie Wazlowski



Photo courtesy Foremniakowski, iStockphoto

New standards needed for research studies on racial health inequities

JOURNALS AND researchers need to adopt new standards on the study of racial health inequities and explicitly consider racism as a contributing factor, urged researchers in July.

In an article published on the *Health Affairs* Blog, the authors noted that while many studies explore health issues by race, there is “no uniform practice regarding the use of race as a study variable” and few expectations that researchers consider the role of racism as a root cause of health inequities.

“Despite racism’s alarming impact on health and the wealth of scholarship that outlines its ill effects, preeminent scholars and the journals that publish them, including *Health Affairs*, routinely fail to interrogate racism as a critical driver of racial health inequities,” wrote the authors, who include Monica McLemore, PhD, MPH, RN, FAAN, chair-elect of APHA’s Sexual and Reproductive Health Section. “As a consequence, the bar to publish on racial health inequities has become exceedingly low.”

For example, a search of the *Health Affairs* archives, which span almost 40 years, generated just 114 pieces with the word “racism.” Other surveys have found similar results, such as a 2018 systematic review of public health literature published in *Public Health Reports* that found only 25 articles with the term “institutionalized racism” between 2002 and 2015. Without such inquiry,

the authors wrote, assertions that racial differences in health outcomes are due to biological or genetic factors are “troublingly frequent.” In addition, race is often incorrectly singled out as a risk factor for disparate health outcomes, when the real factor is racism.

To address the gap, the authors recommended a number of new standards for publishing on racial health inequities. For example, they called on researchers to stop offering genetic interpretations of race, define race within a sociopolitical framework and name racism as a factor.

They called on journals to reject articles on racial health inequities that do not rigorously examine racism and work with reviewers experienced in racism and its health effects. Reviewers were urged to be critical of work that offers a genetic basis for racial differences in health and consult with experts.

“The academic publication process, through authors, reviewers and editors, has legitimized scholarship that obfuscates the role of racism in determining health and health care,” authors wrote. “This renders racism less visible and thus less accessible as a preventable etiology of inequity.”

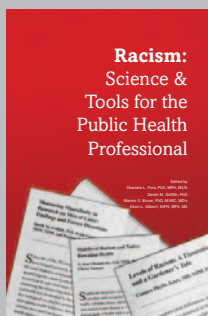
To read “On Racism: A New Standard for Publishing on Racial Health Inequities,” visit www.healthaffairs.org/blog. ■

— Kim Krisberg



Photo by Michele Late

Scholars often fail to connect racism directly to health outcomes, suggesting new standards for publishing on racial health inequities are needed, health equity researchers said in July.



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The AFFILIATES

State, regional public health associations

Arizona association fights for science as COVID-19 surges across state

AS THE COVID-19 pandemic entered summer, states that neglected to follow science-based recommendations and reopened too soon struggled with spread of the virus. Among those states was Arizona, which saw cases counts skyrocket in June.

The surge was probably avoidable, Arizona Public Health Association Executive Director Will Humble, MPH, told *The Nation's Health*.

"Our state government was making good decisions until about the first week of May — and then something switched," said Humble, who previously served as director of the Arizona Department of Health Services. "We went from stay-at-home to free-for-all."

AzPHA, representing about 700 members, has been focused on COVID-19 since it arrived in the U.S. However, its work ramped up when the state started to diverge from science-based policy recommendations on controlling the outbreak. The state reversed a decision to keep stay-at-home orders in place and began reopening nonessential businesses such as dine-in restaurants, bars and salons in mid-May.

On May 5, the state suspended a partnership with the University of Arizona and Arizona State University on a model to predict the spread of the virus. The model suggested that the state should remain closed until at least the end of May. University partners were then instructed to pause operations and had their access to state data restricted.

On May 6, Humble was interviewed by MSNBC's Rachel Maddow, drawing widespread attention to the decision. The next day, the state announced its partner-

ship with the two universities would resume.

"Sometimes you can gain ground with a soft word or a letter...and then sometimes it takes a little bad press," Humble said.

Since then, AzPHA members have built coalitions with other state health organizations and managed several high-profile wins for evidence-based policy. While as of July, Arizona

lacked a statewide mandate on masks, AzPHA worked with the state's American Medical Association affiliate to have more than 1,200 doctors sign a petition urging the state to allow local ordinances.

"Building relationships with other stakeholders and knowing how to influence your policymakers is absolutely essential," said Humble, who is an APHA member. "It only took three days to get this done."

On June 29, Gov. Doug Ducey announced a 30-day closure of bars, movie theaters, gyms and other non-essential and high-risk businesses.

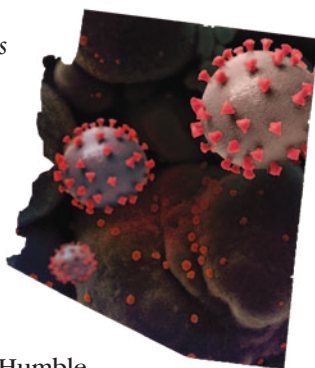
"We are not going back to normal anytime soon," Ducey said during a press event.

By late July, reintroducing restrictions appeared to have slowed the rising tide of cases. While lagging test results put an asterisk on exact figures, public health officials in the state said it might be an early indication that the virus spread was plateauing. Only time will tell, however.

"We are not arguing for another stay-at-home order, but we need to get back to following evidence-based policy," Humble said.

For more information on the association, visit www.azpha.org. ■

— Aaron Warnick



AFFILIATES IN BRIEF

Iowa uses T-shirts to promote health

For organizations such as the Iowa Public Health Association, the COVID-19 pandemic has been a dire call to action. It also disrupted the association's annual meeting, cutting critically needed revenue for the APHA Affiliate.

To help replace the missing funds, the Iowa association partnered with a local print shop on a T-shirt fundraiser. Sold in three colors, the shirts boldly share the message that "America Needs Public Health."

As of July, IPHA had printed over 250 shirts, with more orders coming in regularly.

"Our members have loved the shirt," Lina Tucker Reinders, MPH, IPHA executive director, told *The Nation's Health*. "The proceeds of the T-shirt sales will help fill those gaps and allow us to continue our work on important issues like health equity coalition building, immunization advocacy and professional development for our members."

The Iowa organization has advocated for evidence-based public health policy from the onset of the pandemic. In April, Reinders published an op-ed in *The Des Moines Register* calling for state leaders to include Blacks and Hispanics, who are disproportionately impacted by COVID-19, in policy conversations.

To purchase a T-shirt, visit bit.ly/iowashirt. For more on the Iowa association and its work, visit www.iowapha.org.

Mid-Atlantic partners thrive with webinars

While physical distancing has uprooted countless well-laid plans, an embrace of technology has opened doors to others.

Such is the case for the new Mid-Atlantic Regional Public Health Partnership formed by the Delaware, Maryland and Pennsylvania Public Health associations.

At APHA's 2019 Annual Meeting and Expo in Philadelphia, the three

associations made tentative plans for a joint annual conference. However, the proposal was derailed because of the COVID-19 pandemic.

"We quickly pivoted from planning an in-person conference in the fall to talking about how we could come together and find a way to talk across state lines," Tim Gibbs, MPH, executive director of the Delaware Academy of Medicine-Delaware Public Health Association, told *The Nation's Health*. "We settled on a weekly (webinar) where we have covered a myriad of topics."

The webinars have covered topics such as racial health equity in the wake of the police killing of George Floyd and the importance of data collection as COVID-19 cases surged this summer.

The series has been successful in bringing together a range of diverse voices across state lines, Gibbs said.

"We are now completely unfettered by geographic limitations," said Gibbs, who is an APHA member. "And each state, each county and city has taken different approaches to tackling these problems, so the opportunity for us to conveniently come together is extraordinarily valuable."

For more information on the series, visit www.delamed.org.

Kansas association celebrated 100 years

The Kansas Public Health Association is marking 100 years of service in the Sunflower

State this year.

Created in 1920, the organization was founded by public health pioneer Samuel Crumbine, who took bold stands against the spread of infectious disease, such as condemning the use of group "pest houses" for people with communicable disease. He also crusaded against food and drug companies that promoted false curative claims and helped invent the fly-swatter as a way to combat typhoid.

Since Crumbine's early-20th century work, the Kansas association has fought to continue his legacy by tackling modern public health issues.

"When it comes to the important public health work over the past 50 years or so, you have to consider work on the reduction of tobacco use," KPHA President Daniel Craig, MS, told *The Nation's Health*. "And while we have had big wins, such as on a clean indoor air ordinance, we're now fighting to prevent losing another generation to tobacco because of e-cigarettes."

The Kansas organization was born at the tail of the 1918 Spanish Flu pandemic and celebrated its 100th birthday at the onset of COVID-19.

"The greatest challenges we face open the door to the greatest opportunities," said Craig, who is an APHA member. "We had to cancel our conference on our 100th anniversary, but now we're planning virtual events that will allow us the opportunity to reach people all over the state."

For more information, visit www.kpha.us. ■

— Aaron Warnick



Photo courtesy Iowa Public Health Association

Nalo Johnson, PhD, APHA member and Iowa Public Health Association member, and her family show off their muscles and T-shirts that proclaim "America Needs Public Health."

Local public health workers racing to contain COVID-19 pandemic, save lives

ON THE GROUND,
Continued from Page 1

said Valdovinos, a public health investigator at the Houston Health Department in Texas. “There’s a lot of fear and emotions.”

An STD contact tracer before the pandemic, Valdovinos was activated in March to use her skills to track COVID-19 instead. As of late July, each COVID-19 tracer — of which there are hundreds at the Houston agency — were working on 20 to 30 cases on any given day.

After years of tracking STDs, Valdovinos is adept at getting people to engage with her in difficult conversations. But the sheer volume of cases and suffering makes COVID-19 much harder in other ways.

“Sometimes you ask for someone who’s already passed,” she said. “Lots of people ask for help, they’ve lost their job, they need to pay rent. It’s frustrating because you feel really limited.”

The two types of tracing have a lot of similarities, she said, but it is still too risky to do the kind of face-to-face work tracers did to find people who may be infected with syphilis or HIV. COVID-19 tracing is done remotely.

To surge its COVID-19 response, the agency had to suspend its STD fieldwork. Valdovinos said she “can’t imagine” the backlog of STD cases waiting for her when she returns to her everyday job.

Jessica Bauer, public health lab manager

After 18 years inside a



Photo by Valerie Macon, courtesy AFP/Getty Images

A health worker takes a drop of blood for a COVID-19 antibody test in May in Torrance, California. Public health workers across the country are giving the pandemic their full attention, sometimes at the expense of other vital everyday work.

public health lab, Jessica Bauer has a lot of emergency experience to draw on. But she said little of that prepared her for COVID-19.

The Molecular Unit manager at the Missouri State Public Health Laboratory, Bauer spent the last five years on the administrative end of keeping the lab running, rejoining the bench in March to help fight COVID-19. The unit can receive hundreds of COVID-19 specimens in a typical day — the highest so far was about 400 — with a goal of turning around diagnostic results in less than 24 hours.

That kind of volume puts a significant strain on the lab, which Bauer said is not equipped to do the high-volume testing that commercial labs do. Until just recently, lab staff had been working seven days a week to keep up. And for much of the pandemic, the unit has been working split shifts — meaning fewer

staff are on hand at any given time — to make sure one infected person does not put the whole unit into quarantine.

Typically in a novel outbreak, public health labs fill the diagnostic testing void until commercial labs can get up to speed and then fall back into their critical surveillance mode, Bauer said. As of mid-summer, she said the lab was still in full diagnostic mode.

“It’s really hard for people mentally to continue working like this,” said Bauer, noting that Missouri state workers are among the lowest paid in the U.S.

Local health director Jennifer Kertanis

By mid-summer, COVID-19 cases had dropped dramatically in the Farmington Valley region of Connecticut, but keeping the numbers low remained an overwhelming task for the local health department.

“There’s no such thing as a typical day anymore,” said Jennifer Kertanis, MPH, director of health at the Farmington Valley Health District, which serves about 110,000 residents with a staff of 15.

Restricting the virus’ spread is eating up nearly all of the department’s capacity. In addition to tracing and monitoring confirmed and suspected cases, the department gets dozens of calls a day, many from local businesses and schools looking for guidance on how to implement state reopening rules.

Small health departments are used to doing more with less, but COVID-

19 leaves little wiggle room, forcing Kertanis into a daily cycle of having to re-prioritize competing health needs, many of them also potentially life-threatening.

“The response has significantly diminished our work,” she said. “We just don’t have the bandwidth. It is exceedingly stressful.”

As of late July, many months into the pandemic, Farmington Valley Health District had received just \$40,000 in emergency federal response funds. Kertanis, an APHA member, said it “hasn’t even put a dent in what we need.”

“The demands are so great and the resources so minimal. Yet our work can determine whether someone does or doesn’t get COVID-19.”

Environmental health worker James Breiten

With most businesses closed this spring, James Breiten’s work was much quieter than usual.

An environmental health specialist at Rockaway Township Division of Health in New Jersey, Breiten, MPH, REHS, is usually out in the community inspecting local businesses and facilities, such as restaurants, tanning salons, public beaches, tattoo studios or youth camps.

For him, the hectic days began a few months in, as the state reopened and calls started pouring in with questions from employers and residents: What exactly does outdoor dining mean? How many people can be in a pool at a time? Can customers use the bathroom? Is it safe to let my teenager go to work at the grocery store?

“We want to be a resource for businesses — they’re in a really hard place, they’re hemorrhaging,” he said. “The challenge was everything was evolving so fast. There were so many moving parts, it could be really chaotic.”

As of late summer, Breiten was spending much of his time helping businesses and facilities keep their customers and workers safe — everything from distributing face mask signs to responding

to workplace exposures to measuring the distance between restaurant tables.

Typically, Breiten and two other full-time inspectors do about 400 restaurant inspections a year, which will mean a big backlog once they pick back up again.

“We definitely have some stressful situations coming,” he said.

Veronica Aguilar, service coordinator, and Elizabeth Berry, promotora

COVID-19 has pushed telehealth to new heights. But for some community health workers, the online shift makes things more difficult, especially if the work depends on building face-to-face trust.

Elizabeth Berry, a promotora and care coordinator at the Chula Vista Community Collaborative in southern California, works with the state’s Health Homes Program to help Medicaid patients with severe chronic diseases such as diabetes and heart disease better manage their illnesses at home and avoid repeat visits to the emergency room.

Berry used to meet with people in person, often-times in their homes, which helped her better understand the social and environmental conditions contributing to their health struggles and “makes it easier to read what is not spoken,” she said.

With COVID-19, Berry is helping patients safely access basic needs — such as dropping off groceries at their door — but prevention work has gone completely online, making engagement a lot more difficult.

“Especially for Hispanic clients, everything is traditionally done in person — people are more comfortable that way,” Berry told *The Nation’s Health*. “Doing it on the internet instead is really challenging.”

Her colleague at the collaborative, Veronica Aguilar, a service coordinator who helps people enroll in state Medicaid and food assistance programs, is facing the same challenge. Demands for her assistance have gone



Photo by John Moore, courtesy Getty Images

A medical laboratory scientist receives packets of samples to check for coronavirus at the University of Washington Medicine virology lab in March in Seattle. At the time, the lab was processing about 1,500 tests a day for COVID-19.

up in recent months. But whereas she used to meet people in her office to help them navigate enrollment, everything is now done from a distance, which not only affects the ease of enrollment, but peoples' ability to take advantage of the telehealth services they need.

"Many may not even know what Wi-Fi is, some don't have access to a computer, only a smartphone," Aguilar told *The Nation's Health*. "It's thrown all of us out of our daily routines."

County epidemiologist Palak Panchal

Palak Panchal used to spend her days working to protect residents from viruses such as measles, whooping cough and chickenpox. That was pushed aside when COVID-19 arrived.

For months, Panchal, MPH, manager of the Vaccine-Preventable Diseases Program at the Cook County Department of Public Health in Illinois, has been one of a few dozen staff tracing and investigating COVID-19 in a jurisdiction of 2.5 million people.

She typically gets 10 to 12 new COVID-19 cases each day, calling until she can reach and talk to each person. The interviews are extensive, designed to capture detailed information about where people have been and who could be exposed so epidemiologists can map the virus' path.

"It can be really hard," Panchal said. "A lot of times, you end up being a counselor as well."

The Cook County agency is busy hiring hundreds of new COVID-19 contact tracers, hoping to quickly scale up its tracing staff from about 25 to 400. Once those new hires come online, Panchal can return more of her time to controlling vaccine-preventable diseases — a threat that could become even worse, as people have been skipping childhood immunizations during the pandemic.

For now, Panchal is bracing herself for flu season.

"We're expecting lots of co-infections, just a general onslaught of more calls and cases," she said. "The best we can do is just deal with it as it comes."

Jennifer José Lo, agency medical director

In Boston — a city of nearly 700,000 — cases of COVID-19 were down to about 20 or so a day as of mid-summer. A large part of that success was due to widespread and persistent testing, the backbone of disease control.

Beyond dealing with supply issues in the pandemic's early days, a key to the city's testing progress was acting quickly to engage and support places already embedded in vulnerable communities, said Jennifer José Lo, MD, who helped lead testing efforts as medical director at the Boston Public Health Commission.

For example, the agency partnered early with 18 of the city's community health centers to scale up, expand and maintain testing capacities. It works with the centers to direct and grow mobile testing services and organizes pop-up testing sites in hotspot neighborhoods. Thousands of city residents are getting tested every week — about 7,500 the last week of June, for instance — with a goal of expanding capacity to 1,500 tests a day, Lo said.

At some sites, the health department not only coordinates, but administers the COVID-19 tests. After the initial wave of mass protests following the police killing of George Floyd, the agency hosted a pop-up event directed at demonstrators, testing 1,200 people in two days. Lo said just 14 came back positive. Other pop-up testing sites have focused on first responders and COVID-19 antibody surveillance.

"Keeping it at 20 new cases a day requires so many partnerships," Lo told *The Nation's Health*. "When everyone was at home, we could focus everything on the virus. But now with things opening back up, it'll be a huge undertaking to keep it that low." ■

— Kim Krisberg

For more insights on the challenges faced by public health workers on the ground in the battle against COVID-19, visit www.naccho.org and www.astho.org. To help support emergency staffing at U.S. public health agencies during the pandemic, increase lab capacity, address public health communication needs and more, visit www.give4cdf.org.

HEALTH FINDINGS

The latest public health studies and research

Pregnant women at risk of complications

Pregnant women may be at greater risk of severe complications from COVID-19, according to recent findings from the Centers for Disease Control and Prevention.

In a June 26 study in *Morbidity and Mortality Weekly Report*, researchers analyzed data on about 8,200 pregnant women in the U.S. who were diagnosed with COVID-19 between January and June. They found that one-third of pregnant women positive for the virus were hospitalized, compared to about 6% of women who were not pregnant.

Pregnant women with COVID-19 were also much more likely to be admitted to an intensive care unit and be put on a ventilator. Hispanic and Black women appeared to be disproportionately impacted by COVID-19 infection during pregnancy, researchers said.

Both pregnant and non-pregnant women with COVID-19 reported similar experiences with coughing and shortness of breath, but pregnant women reported fewer headaches, muscle aches, fever, chills and diarrhea. Despite the higher risk of hospitalization, pregnant women did not have a greater risk of dying from the disease.

Researchers cautioned that the science on COVID-19 and pregnancy is still scarce.



Photo by Mario Tama, courtesy Getty Images

A worker wears an N95 mask while giving a COVID-19 test at a Los Angeles clinic in July. A study says N99 and N95 masks are most effective at filtering airborne COVID-19 particles, but vacuum cleaner filters can be considered when supplies are low.

"Although additional data are needed to further understand these observed elevated risks, pregnant women should be made aware of their potential risk for severe illness from COVID-19," the study stated. "Pregnant women and their families should take measures to ensure their health and prevent the spread of SARS-CoV-2 infection."

Face mask efficiency depends on materials

Respirator face masks offer the best protection

against COVID-19, but vacuum filters can also greatly reduce infection risk among health workers, finds a new study on face mask materials.

Published in June in the *Journal of Hospital Infection*, the study tested a variety of masks in two scenarios of a highly contaminated environment: a 30-second exposure — about the time of a quick patient check — and a 20-minute exposure — which is about how long it takes to intubate a patient.

Researchers found that respirator masks, such as N99 and N95 masks, were most effective at filtering airborne particles. The N99, for example, reduced baseline risks by 94% and 99%



Photo by Prostock-Studio, iStockphoto

Pregnant women may be at greater risk for severe complications from COVID-19.

for 20-minute and 30-second exposures, respectively. However, authors noted, respirator masks can be difficult to find and should be reserved for frontline health workers.

Of the non-traditional materials tested, vacuum cleaner bags performed best, with a risk reduction of 58% in a 20-minute exposure and 83% in 30 seconds. Scarves offered the least protection — reducing infection risks by 24% in a 20-minute exposure and 44% in a 30-second exposure. Masks made of cotton T-shirt fabric also fared poorly.

"While N95 masks — and similar respirators — are recommended for health care workers and others in close proximity to

aerosol-generating procedures, alternative materials may be useful where there are shortages of personal protective equipment," researchers wrote. "This may be of

particular relevance in low-resource settings where access to PPE is considerably more limited."

Thousands of years of life lost to COVID-19

Tens of thousands of years of potential human life have already been lost to the coronavirus pandemic, a new study finds.

In a June working paper from the Harvard Center for Population and Development Studies that was based on reported COVID-19 deaths among people younger than 65 in the U.S., researchers found that more than 138,000 years of potential human life have been lost to the virus. However, not all communities were hit the same.

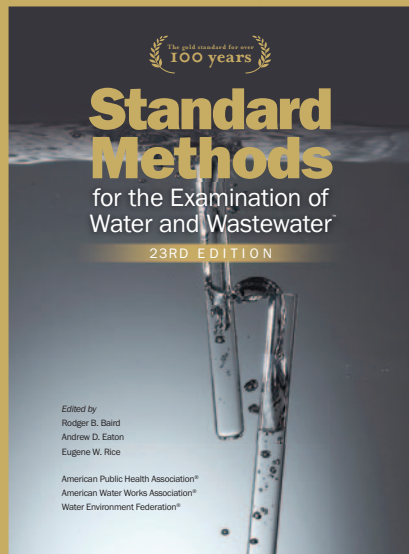
Black Americans younger than 65 collectively lost about 45,780 years, Hispanic and Latino residents lost about 48,200 years and white residents lost about 33,450 years of potential human life. American Indian and Alaska Native and Asian Pacific

See **HEALTH FINDINGS**,

Page 14

The Gold Standard

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Community projects get boost from challenge



Photo courtesy ¡Más Fresco!

People enroll in the ¡Más Fresco! program, which offers financial rewards for purchasing fresh food, at a California store. A San Diego-area partnership will leverage funds from the Healthiest Cities & Counties Challenge to improve food security.

COMMUNITIES, Continued from Page 1

\$100,000 to implement multi-year projects to advance health equity in their communities.

For Elijah's Promise, that will mean both more meals and a larger impact. The organization will use the challenge grant in part to provide paid fellowships to students who work to improve food systems in schools by reducing waste and improving quality.

"It's a 'you give a person a fish' versus you 'teach a person to fish' scenario," Anthony Capece, MCRP, associate director of Elijah's Promise, told *The Nation's Health*. "It also can give something for a resume. It may not be much, but it could be the difference between a minimum wage job and something closer to living wage."

The 20 organizations in the challenge have a range of projects — from mentoring students to building robust data sets to informing health policy — but all are focused at improving community health from the inside.

"Addressing the health challenges communities face requires a local approach," Eileen Howard Boone, MBA, president of the Aetna Foundation, told *The Nation's Health*. "We believe the Healthiest Cities & Counties Challenge will make a meaningful impact on social determinants of health at the local level because it builds on strong connections that organizations have in local communities. (It) gives them the resources they need to

instigate meaningful change when it comes to access to healthy food and health care services."

For Jesse Mestrovic, MS, director of parks and recreation for the City of Wheeling, West Virginia, the challenge inspired a coalition of local partnerships and stakeholders to work together to improve the health of youth.

"No one is denying the value of grant dollars, but getting one-on-one advice from big national organizations like APHA and NACo is a huge benefit," Mestrovic told *The Nation's Health*.

Mestrovic will work with a team to create Edible Mountain, a holistic youth health program that aims to improve access to local food as well as fitness and creative programs. While providing a social outlet, the program will also capture data and hear stories from the city's Black community, which has been historically underserved.

"The vision is to make Wheeling the healthiest place for youth in West Virginia, but we need to break down the walls so that we can learn to help each other," Mestrovic said.

One of the goals of the Healthiest Cities & Counties Challenge is for participants to serve as examples for other similarly sized cities and counties. The challenge helps community residents have a seat at the table with local decisionmakers, building opportunities for grassroots change, according to Brittany Perrotte, MPH, Healthiest Cities & Counties Challenge project director at APHA.

"They are the experts in

their communities — they are the ones who know their context," she told *The Nation's Health*.

Each of the 20 challenge organizations will spend two years bringing together diverse partnerships, working with local health systems and possibly changing policy. Challenge participants will be part of a peer-learning network led by Healthy Places by Design, an organization that specializes in supporting community partnerships.

"There is no one-size-fits-all approach to achieving health equity," said APHA Executive Director Georges Benjamin, MD, in a news release. "Successful, lasting change comes from cross-sector partnerships and engaging affected individuals and communities, which is why this challenge is so powerful."

For the challenge team in Chula Vista, California, building a healthier community means finding ways to bolster systems that connect people directly with fresh foods.

In Forsyth County, Georgia, the challenge team is building an information warehouse to provide policymakers with information on the needs and challenges of people who come into contact with law enforcement. By filling in gaps in the system, county residents will be better able to connect with appropriate health and civil services, Angela Johnson, grant coordinator for Forsyth County, told *The Nation's Health*.

Other teams in the challenge represent Cambria County, Pennsylvania; Cincinnati, Ohio; Cleveland, Ohio; Collier County, Florida; Cumberland County, North Carolina; Deerfield Beach, Florida; Dougherty County, Georgia; Greenbrier County, West Virginia; Kerrville, Texas; Orange County, New York; Paterson, New Jersey; Perry County, Kentucky; Pittsburgh, Pennsylvania; Rochester, New York; Tompkins County, New York; and Wilkes County, North Carolina.

For more information on the Healthiest Cities & Counties Challenge and the team projects, visit www.healthiestcities.org. ■

— Aaron Warnick

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Study: Minority Medicare beneficiaries are significantly undercounted

HEALTH FINDINGS,
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Islander communities also experienced disproportionate losses of potential life years. Researchers noted that disparities were particularly stark among people ages 25 to 54.

No virus spike from social justice protests

There is no evidence that the massive protests following the police killing of George Floyd sparked new waves of COVID-19 cases, finds a new working paper from the National Bureau of Economic Research.

Published in June, the paper examines data on protests in 315 of the largest U.S. cities and estimates their impact on COVID-19 cases and physical distancing. For example, while most protests did not typically abide by physical distancing guidelines, the presence of mass protests and police may have kept people away

who were not protesting.

Using anonymous cell-phone tracking data, along with localized COVID-19 prevalence from the Centers for Disease Control and Prevention, researchers found that cities home to protests experienced an increase in physical distancing behavior for the overall population when compared to cities that did not have protests. The study also found no evidence that net COVID-19 case growth differentially rose in the three weeks following the mass protests.

Medicare minority patients undercounted

Medicare data often undercounts minority populations, according to a recent study.

Published in July in *Medical Research and Review*, the study compared administrative Medicare data to self-reported data collected during home health care visits, with the study population including more than 4 million

Medicare patients who used home health care in 2015.

Researchers found that in 19 states, the administrative data significantly undercounted the proportion of people who were Hispanic. Even more widespread undercounting was found among Asian, Native Hawaiian, Pacific Islander and American Indian and Alaska Native beneficiaries.

In 19 states, about 20% of Hispanic Medicare patients were misclassified. And in many states, over 80% of American Indian and Alaska Native beneficiaries and at least 25% of Asian and Pacific Islanders were misclassified.

Homelessness tied to hospital revisits

People experiencing homelessness are far more likely to return to a hospital weeks and months after discharge, according to a new study.

Published in June in the *Journal of General Internal Medicine*, the study is based on administrative



Photo by Susan Polan, courtesy APHA

Demonstrators gather in Washington, D.C., in May after the death of George Floyd. Spring protests across the nation did not significantly increase the spread of COVID-19, a study says.

claims data from Florida, Massachusetts and New York — which account for 26% of the country's homeless population — from 2010 to 2015.

During those years, people who were homeless accounted for more than 515,000 hospitalizations, with a combined 30-day readmission rate of more than 17%, compared to 14% among housed patients. In Florida and

Massachusetts, the study found more than 34% of hospitalized patients who were homeless were readmitted within three months.

Supportive housing has been associated not only with reductions in inpatient and emergency room visits, but also with overall improvements in health and well-being for homeless individuals, researchers wrote. ■

— Kim Krisberg

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EDITED BY BURTON W. WILKE, JR, PHD AND DAVID HEYMANN, MD



Laboratory Practice is a new complement to the *Control of Communicable Diseases Manual*, a book published by APHA Press for over 100 years and also the primary resource for disease control specialists. This new book addresses the laboratory aspect of disease control and prevention while presenting the material in an easy-to-use format.

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Coronavirus worsens health inequities for minorities

ADVOCATES,
Continued from Page 2

port the public health system, not take actions which may undermine its authority and critical role," the advocates said.

APHA sues EPA on weakened air rule

Children and pregnant women are vulnerable to respiratory illnesses from air pollution, and the U.S. Environmental Protection Agency's reversal of a regulatory rule on air pollution endangers their lives. To protect the health of Americans, APHA and partners are taking the agency to court.

APHA joined the American Lung Association, the American Academy of Pediatrics and Physicians for Social Responsibility in filing legal action June 19 to defend the Mercury and Air Toxics Standard, which regulates air pollutants from coal-fired power plants. The organizations are also seeking to defend the standard as part of a legal challenge brought by Westmoreland Mining Holdings LLC against EPA.

"The Mercury and Air Toxics Standards are a success. America's babies are healthier, and our air is cleaner," Harold Wimmer, president and CEO of the American Lung Association, said in the joint news release. "EPA's rule to undermine these standards goes against scientific evidence, and devalues and endangers the health of babies, children, pregnant women and many other vulnerable populations."

APHA supports D.C. as 51st US state

Washington, D.C.'s lack of statehood harms its ability to deliver health equity to its residents, APHA said in a statement this summer.

On June 26, the House of Representatives passed the Washington, D.C., Admission Act, which would make the district the 51st state and rename it the Washington, Douglass Commonwealth. Residents and lawmakers in the district have long supported statehood for Wash-

ington, D.C., — which has more than 700,000 residents with no voting representation in Congress — but the June vote was the first time such a measure passed the House. APHA praised the decision.

"Statehood has long been sought by the district, which pays more federal taxes than many other states and has no significant vote for legislation in Congress," APHA Executive Director Georges Benjamin, MD, said in a statement. "D.C. also has a minority-majority population. With statehood, it would gain equity and remove a longstanding injustice to D.C.'s residents, now disenfranchised under the current system."

"The House vote today is not symbolic, it's a step forward in the longtime fight to make D.C. a state. There are many obstacles ahead, but this vote offers an opportunity for the many voices of D.C. to be heard."

APHA supports safety in school openings

Whether schools reopen in the fall should depend on science and safety, not politics, APHA said this summer.

Responding to threats by the White House to withhold federal funding to schools that do not open in-person on schedule, APHA called on decisionmakers July 9 to use evidence as their guide. Reopening schools before the COVID-19 pandemic is under control could worsen cases and deaths, APHA noted.

The Association also denounced attempts by the White House to pressure the Centers for Disease Control and Prevention to revise its reopening safety recommendations, which call for physical distancing, barriers between desks and additional sanitization protocols.

"We strongly oppose any undermining of public health and safety," APHA Executive Director Georges Benjamin, MD, said in a news release. "Frankly, we are stunned at the administration's lack of any forethought or concern

about planning and implications for schools."

COVID-19, inequities linked, APHA testifies

Enacting sound public health strategies and confronting racism is necessary to tackle the unequal impact of COVID-19 and prepare for the next catastrophe, APHA Executive Director Georges Benjamin, MD, told members of the House of Representatives in July 10 testimony.

Benjamin spoke virtually to the House Committee on Homeland Security's Subcommittee on Emergency Preparedness, Response and Recovery: COVID-19, calling for legislators to focus attention on the root causes of inequities from a societal perspective.

Several epidemics have unfolded simultaneously in the U.S. this year, Benjamin said. They have been an infodemic of misinformation and disinformation, and an epidemic of fear — "fear of the virus, the uncertainties around its spread and other unknown factors, and the poor and inconsistent risk communication from some political leaders."

A number of studies highlight the disproportionate toll COVID-19 is taking on some minority

populations. For example, Black Americans, who make up 13% of the U.S. population, account for 24% of COVID-19 deaths, according to an analysis by the Centers for Disease Control and Prevention. Other studies have found that hospitalization rates for Blacks, Hispanics, and American Indians and Alaska Natives are substantially higher than hospitalization rates for whites.

"This disparity in the impact of COVID-19 is not surprising in its presence, only in its scope," Benjamin said. "We can address these disparities through sound public health strategies."

Benjamin called on subcommittee members to increase public health funding during the crisis. "A strong public health infrastructure

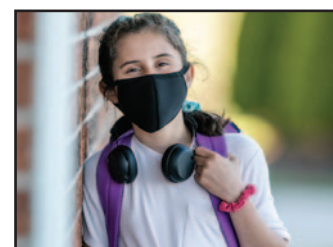


Photo by FatCamera, courtesy iStockphoto

Science and safety are paramount in deciding when and if schools reopen, APHA said.

and workforce is also essential to helping us reduce health inequities related to COVID-19 and other health threats," Benjamin said. "To better ensure our public health infrastructure is adequately prepared for addressing the current pandemic, future pandemics and other public health emergencies, we must seriously look at fixing our vastly underfunded public health system." ■

— Mark Barna

To take action on public health, visit
www.apha.org/advocacy.



Photo by Marvin Joseph, courtesy The Washington Post/Getty Images

In February, supporters of statehood for Washington, D.C., cheer for change in the district. On June 26, the House of Representatives passed the Washington, D.C., Admission Act, which would make the city the 51st state — a move that APHA supports.

Protecting your eyes while using screens

By Aaron Warnick

Screens are part of everyday life. From home televisions and desktop computers to smartphones and laptops, you might routinely be viewing multiple screens a day.

While screen time can be beneficial — such as when it's used for learning, exercising or to connect with far-off friends and family — spending too much time indoors looking at screens can be hard on your eyes.



One problem can be digital eye strain, a type of eye fatigue that is caused by screens. If you spend a lot of time using your phone, tablet or other device and have blurry

vision, dry eyes, headaches or teary eyes, you may have digital eye strain.

Eye strain is caused in part by reduced blinking. When you're looking at a screen or something up close for a long period of time, you stop blinking naturally, according to Raj Maturi, MD, an ophthalmologist and



>> For more information on eyes and safe screen use, visit www.aaopt.org

assistant professor at Indiana University. Your eyes then dry out, causing discomfort.

To prevent digital eye strain, the American Academy of Ophthalmology recommends the 20-20-20 rule: For every 20 minutes looking at a screen, look at something that is 20 feet away for at least 20 seconds. The exercise allows your eyes to rest and reset.

"The good news is that you really can't hurt your eyes permanently just because you use screens," Maturi says.

Other simple ways to reduce eye strain include adjusting your monitor so you're looking slightly downward. Try keeping a bottle of eye drops or artificial tears nearby just in case your eyes dry out. A humidifier can also help keep your eyes feeling more fresh.



If you frequently have headaches that feel like throbbing behind your eyes, it may be a sign that you need to change how you work, Maturi notes.

"Listening to our bodies may be the most helpful way to know that you need to make a change," he says.

Spending a lot of time using screens, particularly if you view them at night, can also interfere with your sleep. Screens give off a lot of blue light. This kind of light tells your brain to be alert, even if you're

getting ready for bed. It's the same sort of effect that sunlight has. So spending too much time with screens at night can mess with your sleep cycle.

The key is to cut down the amount of blue light you're seeing as you get closer to bedtime. Ideally, you should stop using screens altogether at least a half hour before going to bed. But if you can't, check the settings on your device.

"Computers and smartphones generally have a 'dark' or 'night' mode



setting that will cut out a lot of the blue light displayed on the screen," Maturi says.

Another issue with screen time is inactivity. As people increase their screen time, they can lose track of how long they are sitting without moving. The Centers for Disease Control and Prevention recommends taking a five-minute break every hour. If you can't remember, set a timer.

Your breaks can be as easy as standing and stretching or taking a walk around the room. In addition to stretching your muscles, taking a break can give your eyes a rest.

"People need to be more cautious," Maturi says. "If you're sitting a lot in the same position, looking at the same near target for a long time, you're going to have problems."



What about your vision?

Many people have nearsightedness, which is the inability to clearly see things that are far away. Scientists are still trying to decide if there is a connection between nearsightedness and screen time. Research has been mixed.

People who have nearsightedness can wear glasses or contact lenses to see better, or even consider corrective surgery. But there may also be ways to help slow it from worsening. Spending more time being active outdoors is beneficial, the American Academy of Ophthalmology says. It's also a good idea to bring more natural light indoors.

