Rise in older population fuels growth
In US, family caregivers being called on to play greater role

THEY ARE DIETITIANS, physical therapists, home health aides, personal drivers and accountants all rolled into one.

They are family caregivers, and in the U.S. millions of them provide unpaid care to adults and seniors. But the responsibilities that come with that role create physical, mental and financial burdens that lead to poor health for caregivers. As the U.S. senior population continues to grow, so does the need for public health practitioners and policymakers to address the barriers that family caregivers face.

More than 34 million

See CAREGIVERS, Page 22

Supporters show off their public health superhero powers during a Public Health Career and Internship Fair in Milwaukee during NPHW. The event, geared toward high schools, early college students and parents, was hosted by Diversity Matters, an initiative that supports workforce diversity.

Community events celebrated nationwide
National Public Health Week 2016 unites health advocates

From DIVERSE PANELS of public health experts and intimate online discussions with public health leaders to hundreds of other events held nationwide, this year’s National Public Health Week was a success.

Nearly 400 partners at the national, state, local and federal levels joined APHA in celebrating NPHW April 4-10. National Public Health Week is the country’s celebration of public health and highlights issues that are important to improving the nation. For more than 20 years, APHA has served as the lead organizer of NPHW, bringing together public health professionals and advocates each April.

“This year, we had the most events and partner submissions in APHA history,” Kimberly Moore Smith, MHSA, director of NPHW 2016, said.

Opening up access
Dental health therapists bringing oral health care to US tribal communities

THE PROBLEM of oral health disparities is one that faces every American Indian and Alaska Native community. The ways tribal communities are addressing dental health needs are as different as the communities themselves. But many of them have something in common: They are looking to dental health aide therapists to provide care and improve oral health.

Dental health aide therapists, sometimes called dental health therapists or just dental therapists, are licensed, mid-level oral health providers. They can perform about 50 of the most common procedures.

See ORAL HEALTH, Page 24

Targeting causes of health disparities
Shift toward social determinants transforming public health work


Several years ago, public health workers in Wayne County, Michigan, embarked on a new endeavor to tackle infant mortality, an issue that affected the community’s black newborns at more than twice the rate of white newborns.

But instead of looking to medicine for answers, workers headed upstream to confront social determinants that put black babies at a disadvantage long before conception occurs.

“We wanted to focus on education, employment, social isolation, structural racism — all those factors combined correlate to an unfavorable birth outcome,” said...

See DETERMINANTS, Page 20

Access to health insurance is a social determinant of health, a factor that can influence lifelong health and well-being.

From left, Bienvenida Barreno and Jorge Baquero listen in November in Miami as insurance agent Antonio Galis discusses health plans available in the third year of the Affordable Care Act. Access to health insurance is a social determinant of health, a factor that can influence lifelong health and well-being.

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ORAL HEALTH

See ORAL HEALTH, Page 24
APHA ADVOCATES

Recent actions on public health by APHA

APHA: Georgia bill would harm health

In a victory for public health and human rights, Georgia Gov. Nathan Deal vetoed a bill opposed by APHA that would have allowed discrimination against lesbian, gay, bisexual and transgender people.

On March 28, Deal vetoed H.B. 757, called the Free Exercise Protection Act, which would have allowed religious officials not to perform marriage ceremonies and businesses and employees to refuse service to “people in violation of their legal right to free exercise of religion,” according to APHA.

In a March 24 letter to Deal, APHA Executive Director Georges Benjamin, MD, called the bill bad for public health, as the legislation could cut off important social services or threaten the employment of individuals who do not conform to a faith-based organization’s beliefs.

APHA’s Annual Meeting and Expo is scheduled to be held in Atlanta in 2017. Benjamin told Deal that if the legislation had become law, APHA would have to consider taking the meeting elsewhere.

APHA: Funding for preparedness needed

Legislators need to provide full funding for public health preparedness programs in the upcoming fiscal year, according to APHA.

In a March 25 letter to House and Senate leaders in the labor, health and human services and education appropriations committees, APHA, as part of an informal coalition on biodefense and public health preparedness, called for full funding for programs that provide preparedness against both naturally-occurring threats, such as Ebola and pandemic influenza, and deliberate ones, such as chemical, biological, radiological or nuclear attacks.

APHA and other preparedness supporters stipulated that specific programs be funded at or above the levels suggested in President Barack Obama’s proposed budget for fiscal year 2017.

“As witnessed by the recent Ebola and Zika outbreaks, our nation’s vulnerability to threats remains high, and the consequences of being unprepared are severe,” the advocates noted. “Funding for the programs that protect Americans and the global community from health security threats must be robust and consistent. It is simply too late to respond after an outbreak or attack.”

Due to the fact that Congress had not passed a Zika funding bill, the administration redirected $44 million in state emergency preparedness grants to efforts to combat Zika in April.

As of April, Congress had not approved a budget for the upcoming fiscal year.

APHA pushes for gun violence research

APHA is leading the charge with other public health organizations in support of gun violence research, calling on Congress to repeal the language that has remained in every annual funding bill since 1996. It said that CDC could not fund research that would “advocate or promote gun control.” The language has remained in the legislation had become law, APHA would have to consider taking the meeting elsewhere.

APHA Executive Director Georges Benjamin, MD, second from right, speaks about the need for federal investments in gun violence research during an April 14 discussion at the National Press Club in Washington, D.C. The event, organized by Americans for Responsible Solutions, called on Congress to lift restrictions on federal funding for research on the causes and effects of U.S. gun violence. Also pictured, from left, are Mark Rosenberg, MD, president and CEO of the Task Force for Global Health; Joseph Wright, MD, MPH, chair of pediatrics at Howard University; and Alice Chen, MD, executive director of Doctors for America.

APHA Executive Director Georges Benjamin, MD, spoke at a panel on gun violence on April 14.

Universal coverage supported by APHA

APHA has joined the chorus of voices calling for universal health coverage as a key focus of the G7 Ise-Shima Summit.

In a March 22 letter to Japanese Prime Minister Shinzo Abe, APHA, as part of the Partnership for Maternal, Newborn and Child Health, called on world leaders to ensure that sexual, reproductive, maternal, newborn, child and adolescent health services reach marginalized and vulnerable populations. The countries involved in the summit already adopted the Sustainable Development Goals, so the advocates noted that universal health care is the natural next step.

“We know that universal health coverage is needed to deliver health improvements for those marginalized and vulnerable populations that were left behind by the Millennium Development Goals,” the advocates noted.

The G7 Summit is a gathering of world leaders to address global concerns. This year’s summit was scheduled to be held May 26-27 in Japan.

HRSA funding needed in upcoming year

APHA is leading the call for adequate funding for the Health Resources and Services Administration in the upcoming fiscal year.

As part of the Friends of Title V Maternal and Child Health Services Program, APHA called on lawmakers to allocate $650 million to HRSA’s Title V Maternal and Child Health Services Block Grant, which serves as a “cost effective, accountable and flexible funding source used to address the most critical, pressing and unique needs...
Strength and beauty everywhere: Extensions of the Gardener’s Tale

Since that clearly is not true today. All lives should matter, but we have to take decisive and sustained action to make that reality. Secondly, we need to acknowledge the existence of the flower boxes that have kept the soil separate, and then make those boxes transparent so that we can talk about the differences in the quality of the soil. We need to shift from a strong curiosity in documenting differences in the height and vigor of the pink and red flowers, to a strong compulsion to enrich the poor, rocky soil. Finally, we must acknowledge that the pink seed did not just jump over into the poor rocky soil. History matters, because none of our current situations is happenstance. There is a long arc of gardener agency in creating and perpetuating our current state of affairs. And our garden will not magically correct itself without intentional and sustained action.

The catch is that effective action will be predicated on knowledge of the equal potential of the pink and red seed, even when our eyes seem to believe that truth. We must awaken and see the world with new eyes, rejecting the original gardener’s preference for red over pink.

If the truth of strength and beauty everywhere is to be manifest, we need to believe it, and invest in it and not let go until we can touch that truth in all corners of our garden. Then ours will be the healthiest garden for all generations.

Certified in Public Health exam discounted for APHA members

APHA members who want to show their commitment to public health by earning a Certified in Public Health credential can take advantage of new savings.

Members who take the CPH exam online are now eligible for a $70 discount on the exam fee. Members also have access to a free online Association of Schools and Programs of Public Health CPH study guide. The online exam is offered in February, June and October.

“We are excited to be able to provide our members with a $70 discounted rate to take their CPH exam online through NBPHE,” said Ellen Galant, director of APHA’s Membership Services. “It is yet another example of the tangible benefits APHA provides its members to help advance their education and relevance as public health professionals. Public health workers are tested on the five public health core areas of epidemiology, biostatistics, health policy and management, behavioral sciences and environmental health, said Allison Foster, MBA, CAE, president of the National Board of Public Health Examiners, which administers the exam. The exam also includes seven cross-cutting areas such as diversity and culture, public health literacy, science and systems thinking. The test also assesses knowledge of the general principles of public health.

The exam was born from a need to further professionalize public health and bring more awareness to the field, as it was one of the few health professions without a credential, Foster said. More than 5,000 people have become certified in public health since the credential began in 2008. “One great thing about the exam is no matter what anyone specializes in, to pass the exam they have to have a basic understanding of the core areas.”

— Allison Foster

Members receive $70 off online exam

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Public health professionals learn about the Certified in Public Health exam during a 2014 Learning Institute held in conjunction with APHA’s 142nd Annual Meeting and Exposition in New Orleans. APHA members who take the CPH exam online can receive a $70 discount.

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APHA publishes new resource on Zika for public health professionals

Public health professionals who rely on APHA’s renowned “Control of Communicable Diseases Manual” for information on infectious diseases have a new chapter to consult.

Released in May, the new electronic chapter contains information on Zika, a mosquito-borne virus that is of growing global concern. The chapter includes details on the virus’ clinical features, occurrence, incubation period, transmission and management. It also includes a symptom comparison for Zika, dengue and chikungunya, all of which are spread by the same type of mosquito.

Zika cases have escalated in the Americas since 2015, particularly in Latin America and the Caribbean. The disease can cause microcephaly and other severe brain defects in developing fetuses. Though rare, neurological complications have also been linked to Zika, the new chapter notes.

Now in its 20th edition, “Control of Communicable Diseases Manual” has been a reference tool for 100 years for public health workers who need infectious disease information. The manual covers a range of diseases, from Ebola and meningitis to Lyme disease and Rift Valley fever.

The Zika chapter can be purchased on its own or accessed as part of a digital subscription to the manual. Digital subscriptions allow users to access the latest information on Zika and other infectious diseases. APHA members save 20 percent on subscriptions, which are available for individuals and institutions.

For more information, visit www.apha.org/ccdm or email david.hartogs@apha.org. ■ — Michele Late

JOURNAL WATCH

Highlights from recent issues of APHA’s American Journal of Public Health

Poorer babies have lower birthweights

Socioeconomic status can affect babies’ birthweight globally, according to new research from APHA’s American Journal of Public Health.

In the April issue of AJPH, researchers looked at socioeconomic inequalities in low-birthweight babies in the United States, United Kingdom, Canada and Australia. Their data showed that socioeconomic status affected babies’ birthweight in all four countries, although it varied in degrees and patterns. Inequalities were the largest in the United States than in other countries, which researchers attributed to the country having less generous social safety nets and health care systems than the other three.

“Income inequality is on the rise globally, with the United States leading the way” among the countries studied, the researchers added.

Community-based workers effective

Community-based health workers’ interventions are more effective than their alternatives, and can be very cost-effective, especially in low-income and underserved populations.

In a review published in the April issue of AJPH, researchers found that community-based health workers, the “frontline public health workers who are trusted members of the community they serve,” can provide quality care and promote healthy behaviors and outcomes among vulnerable populations.

After hand-searching four electronic databases for more than 900 unique citations of studies on community-based health workers, researchers examined 61 studies. In them, community-based health workers served alongside primary care providers, nurse case managers, dietitians and social workers to provide health interventions. Most of the studies found that the community-based health workers offered low-cost and high-quality care that was effective in addressing health outcomes, particularly in communities that faced health disparities. They also noted that the workers’ interventions were effective in promoting cardiovascular disease risk reduction, cancer screening and cognitive function.

The researchers said that to their knowledge, this is the first systematic review and critical appraisal of community-based health workers’ interventions targeting vulnerable populations with or at risk for noncommunicable diseases.

Benzodiazepine overdoses rising

While opioid addiction and overdose continue to gain attention nationally, the United States has seen an increase in benzodiazepines — a class of psychoactive drugs including Xanax, Ativan, Valium and Klonopin — increased from 4.1 percent to 5.6 percent of the adult population in the past two decades.

According to research published in the April issue of AJPH, between 1996 and 2013, prescriptions written for benzodiazepines increased from 0.58 to 3.07 per 1,000,000 adults. The overdose death rate increased from 0.58 to 3.07 per 100,000 adults. The rate plateaued after 2010. No decreases were detected, according to the authors, who examined data from the Medical Expenditure Panel Survey and multiple-cause-of-death data from the Centers for Disease Control and Prevention.

Family planning gaps exist among men

Despite national public health priorities to include men in reducing unintended pregnancies, men’s family planning education and care is largely unmet, an April AJPH study shows.

In the study, researchers from Johns Hopkins University and the University of Illinois at Urbana-Champaign examined data from the 2006-2010 National Survey of Family Growth to find the percentage of men ages 15 to 44 in need of family planning, based on their sexual behavior, fertility and hopes to avoid pregnancy with their partners. They found that 60 percent of men needed family planning, and that the need was particularly great among young and unmarried men.

Most men who needed family planning had access to health care, but fewer than 19 percent surveyed said they had gotten family planning services. Only slightly more, 26 percent, reported consistently using condoms. Forty-one percent said their partners consistently used contraception.

“Reducing unintended pregnancies, including adolescent pregnancy, is a national priority and involving men in this strategy is a critical step,” the study said. “The need for engaging men...in family planning education and care is substantial and largely unmet.” ■ — Lindsey Wahovick

To access studies and podcasts from AJPH, visit www.apha.org.
NATIONAL PUBLIC HEALTH WEEK, 2016

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

During National Public Health Week, we join together to enhance public health—the foundation of our security and well-being—here at home and around the world. By supporting health professionals and embracing our obligations to promote public health and protect our planet, we can uphold our shared responsibility to preserve the promise of a happy and healthy life for our children and grandchildren.

Ensuring all Americans have access to quality, affordable health insurance is imperative for maintaining our public health, and I am proud that 6 years after I signed it, the Affordable Care Act has extended the peace of mind that comes with health coverage to 20 million Americans. First Lady Michelle Obama’s Let’s Move! initiative is encouraging more physical activity and nutritious food choices for our Nation’s youth, engaging parents and kids in the work of building stronger, healthier communities. To spare more American families heartbreak, I have proposed over 1 billion dollars in new funding to address prescription opioid abuse and heroin use, a public health issue that has taken a devastating toll on too many. We are also striving to promote mental health as an essential component of overall health, helping ensure access to mental health care and services and working to prevent suicide. And because public safety is a critical component of addressing public health, I announced new, commonsense steps this year to help address our country’s epidemic of gun violence and keep our neighborhoods safe.

Just as we must sustain a healthy world today, we must do everything in our power to preserve it for those who will inherit it. Climate change has a profound impact on our public health, contributing to intensified storms, an extended allergy season, the spread of diseases into new regions, and greater and more acute incidence of asthma. Last year, the White House hosted a Summit on Climate Change and Health to expand awareness of the real threat a changing climate poses to our health and to focus on vulnerable groups who may face more serious challenges adapting to climate change. No community is immune to this reality, nor can any nation control itself off from climate or the air we share. That is why last year, along with nearly 200 countries from around the world, the United States negotiated the Paris Agreement—the most ambitious climate change agreement in history that commits all participating parties to putting forward climate targets of growing stringency to reduce global greenhouse gas emissions. Adopting this agreement for an international framework builds on domestic actions we have already taken to invest in clean energy, reduce our carbon emissions, and transition to a cleaner, healthier, and more sustainable future.

Like the threat of climate change, other public health challenges—like infectious diseases—cannot be addressed by any one nation alone. In an increasingly interconnected world, we face new threats that demand international attention. My Administration is working with our international partners to combat antibiotic-resistant bacteria. We also launched the Global Health Security Agenda, which aims to strengthen all countries’ public health systems and stop the spread of disease outbreaks by ensuring nations from around the world have the capacity to prevent, detect, and respond to biological threats to our health and safety. Already, this cooperation is helping us confront the spread of the Zika virus.

America is built on the notion that we are our brothers’ and our sisters’ keepers, and that we all have certain obligations to one another. Never is that idea truer than when ensuring the health of the world our children will live in long after we are gone. This week, let us treat every child as if they are our own by accepting our responsibilities to leave them with a healthier, cleaner planet than we have, and let us continue reaching for a brighter, more secure future for all the world’s people.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim April 4 through April 10, 2016, as National Public Health Week. I call on all citizens, government agencies, private businesses, non-profit organizations, and other groups to join in activities and take action to improve the health of our Nation.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of April, in the year of our Lord two thousand sixteen, and of the Independence of the United States of America the two hundred and fortieth.
Denver meeting offers networking, chance to help community

APHA meeting registration opens, program online

REGISTRATION BEGINS June 1 for APHA’s 2016 Annual Meeting and Expo. Mark your calendar and register now for early bird pricing, housing, access to Annual Meeting information and more.

APHA 2016, held Oct. 29-Nov. 2 in Denver, focuses on “Creating the Healthiest Nation: Ensuring the Right to Health.” Early bird pricing is available through Aug. 11. But that is just one aspect of the Annual Meeting to excite attendees. The program is online as of June 1, and web visitors can browse the full agenda. The mobile app has been available earlier this year for monthly attendee check-ins through Aug. 11. But that is just one aspect of the Annual Meeting to excite attendees. The program is online as of June 1, and web visitors can browse the full lineup of events.

The Annual Meeting mobile app has been updated this year, with improved functionality based on users’ suggestions, Natalie Sorkin, CMP, assistant director of APHA’s convention services, told The Nation’s Health.

The app will also be available earlier this year — beginning in August, on the Annual Meeting website. Registered attendees should keep an eye open for monthly attendee newsletters to inform them how to make the most out of their meeting, Sorkin added.

Some of this year’s big-name speakers have also been announced: Cecile Richards, president of Planned Parenthood Federation of America and Planned Parenthood Action Fund, will serve as the opening session speaker. Richards has been at the forefront of the fight for reproductive access and justice in the United States.

The Monday general session will bring together current and former Centers for Disease Control and Prevention directors to discuss the role of the agency. Speakers include Tom Frieden, MD, MPH, director of the Centers for Disease Control and Prevention, and former Surgeon General David Satcher, MD, PhD, founding director and senior advisor at the Satcher Health Leadership Institute.

The meeting will feature other new improvements. The opening session will be shorter by 30 minutes, and the exhibit hall will open earlier on Sunday to give attendees more time to explore the hall.

For more reasons to be part of the meeting, web users can check out APHA’s new Why Attend web page at www.apha.org/why-attend.

This year, the beneficiary of APHA’s Help Us Help Them campaign is the Metropolitan Denver Homeless Initiative, a consortium of 70 organizations, including homeless assistance and housing providers, local and state agencies, foundations, mental health centers, neighborhood groups and people who are homeless that works to develop a continuum of care for Denver-area residents who are homeless or at risk of becoming homeless.

Through Help Us Help Them, Annual Meeting attendees can make a donation to support the initiative.

Even small donations can make a major impact, from providing transportation for people who are homeless to paying for Colorado state identification or new home supplies for those who used to be homeless.

For more information, visit www.apha.org/annualmeeting.

— Lindsey Wawokiah

Conducting Health Research with Native American Communities

Edited by Teshia G. Arambula Solomon, PhD and Leslie L. Randall, RN, MPH, BSN

The current research and evaluation of the American Indian and Alaska Native (AIAN) people demonstrates the increased demand for efficiency, accompanied by solid accountability in a time of extremely limited resources. This environment requires proficiency in working with these vulnerable populations in diverse cross-cultural settings. This timely publication is the first of its kind to provide this information to help researchers meet their demands.

This book provides an overview of complex themes as well as a synopsis of essential concepts or techniques in working with Native American tribes and Alaska Native communities. Conducting Health Research with Native American Communities will benefit Native people and organizations as well as researchers, students and practitioners.

APHA PRESS

AN IMPRINT OF AMERICAN PUBLIC HEALTH ASSOCIATION

Available as an eBook and softcover
ORDER ONLINE at www.aphabookstore.org

NPHW forum addresses determinants of health, kicks off new challenge

ADDRESSING SOCIAL determinants of health is necessary to remove barriers to health, according to a panel of health advocates that kicked off National Public Health Week with a Washington, D.C., forum.

Led by APHA, the April 4 forum tied into NPHW’s theme of “Healthiest Nation 2030,” which supports APHA’s goal of making the U.S. the healthiest nation.

To address the social determinants of health, APHA Executive Director Georges Benjamin, MD, noted the need for cross-sectoral partnerships, a cornerstone of the Healthiest Cities & Counties Challenge, which Garth Graham, MD, MPH, a panelist and Aetna Foundation president, launched during the forum.

The challenge is a partnership of APHA, Aetna Foundation and the National Association of Counties to award $1.5 million in prize money to cities, counties and federally recognized tribes for building collaborations to improve community health.

Led by area health departments and universities, a number of cities and counties have signed on as early adopters of the challenge: Cleveland and Cuyahoga counties, Ohio; Durham and Cabarrus counties, North Carolina; Kansas City, Missouri; New Haven, Connecticut; San Diego County, California; and Tulsa, Oklahoma. Participants in the challenge will be announced July 31.

To view the forum online, visit www.nphw.org/news/media-kit. For more information about the challenge, visit www.healthiestcities.org.

— Natalie McGill
**Events during National Public Health Week support a healthier nation**

**NPHW 2016, Continued from Page 1**

APHA’s Affiliate Affairs, told *The Nation’s Health.* “From the presidential proclamation to the Maryland Public Health Association’s 5K Fun Run, each activity moves us closer to becoming the healthiest nation in one generation. We appreciate all who recognized NPHW 2016 and look forward to building the movement.”

The celebration kicked off with a bang: On April 1, President Barack Obama issued a National Public Health Week Proclamation supporting the week’s events, calling on “all citizens, government agencies, private businesses, non-profit organizations and other groups to join in activities and take action to improve the health of our nation.”

“Our goal, we also know walking improves quality of life, mental health and healthy aging,” Moore said in the challenge’s announcement. “National Public Health Week is all about making communities healthier. We believe the 1 Billion Steps Challenge will create a healthier nation by inspiring you to walk — and getting others to walk with you.”

Next year’s National Public Health Week will be observed April 3-9.

For recaps of both NPHW and the NPHW Twitter chat, visit www.storeify.com/apha. To watch the forum or webinar, visit www.nphw.org/news/media-kit. To share the infographic, visit www.apha.org/investinhealth. All four episodes of the lead webinar series can be watched online at www.apha.org/lead-webinars.

Learn more about NPHW at www.nphw.org.

— Lindsey Wahoojak

Public health workers from the Washington, D.C., area enjoy APHA’s Healthy Happy Hour. The NPHW event featured healthy food, nonalcoholic beverages and public health networking.

Surgeon General Vivek Murthy was a speaker during APHA’s NPHW student tele-town hall.

**Investing in the healthiest nation**

Despite tremendous improvements in the 20th Century, Americans live shorter lives and suffer more health issues than people in other high-income countries.

More Americans age 65+ suffer 2 chronic conditions

APHA’s new infographic shares facts on health investment.
SAN BENITO County Public Health Division in Hollister, California, used National Public Health Week as an opportunity to educate residents about the role of public health in the community and ways they can live longer and healthier.

On Monday of NPHW, San Benito public health workers created a “living billboard” dressed as various fruits and vegetables. The workers held up inspirational signs on a busy, downtown corner. Each day of NPHW, nutrition staff visited different schools and engaged students in creating murals that illustrated what health meant to them. The murals were published in the local newspaper. Communicable disease staff used NPHW as a chance to educate local students about health and sexually transmitted diseases, visiting local middle and high schools each day of the week to give presentations.

Businesses got in on the NPHW fun as well. All of the local grocery stores agreed to give out free fruit to kids during NPHW, instead of the usual free cookies. Grocers advertised the NPHW promotion on their social media pages, while San Benito public health workers created promotional signs and posters to display at the grocery stores during NPHW.

The week’s activities continued within the department, where workers created a large bulletin board with each staff member posting what they do to stay healthy, along with a photo of their activities in action.

— Kim Krisberg

San Benito County, California, staffers engage local residents in public health

Students at a San Benito County, California, school draw on a mural that shows what health means to them.

At Barry Farm, a Washington, D.C., public housing property, Paulette Matthews says residents should not be displaced during planning redevelopment. The D.C. Affiliate is backing residents.

NPHW health fair brings community together in Johnstown, New York

BEST SANDWICH and longest beard contests were just two of many activities offered during the Connecting Our Generations Health and Wellness Fair in Johnstown, New York, in honor of National Public Health Week.

Organized by the Fulton County Public Health Department, in partnership with the Long Term Care Councils of Fulton and Montgomery counties, the fair took place on April 2, and offered a variety of presentations, demonstrations, hands-on activities and contests throughout the day.

During the fair, children visited various stations and activities as outlined in their Passport to Wellness. On their journey, they collected stamps and stickers at each checkpoint and received a gift bag for completing the entire health quest. Children also participated in the Best Sandwich Contest, in which they chose wholesome ingredients from an assortment of breads, condiments and fillings. Men participated in the fair’s Fulton County Beard of the Year contest for the chance to win awards for longest beard and best overall beard.

Local law enforcement representatives were on hand during the fair to offer safety education, enrolling more than 40 children in the Safe Child program, which collects data on children that can be used if they go missing, as well as issuing child identification cards. New York state police officers demonstrated child safety seat techniques, while local hospital staff offered health screenings and nutrition and wellness services. The Johnstown Fire Department, local emergency medical service and other first responders showcased safety techniques and encouraged fair attendees to prepare their households for an emergency.

In addition, the health fair offered food demonstrations, gardening tips, exercise classes, information about heroin dependence and overdose prevention as well as information on Zika virus and Lyme disease prevention. Fair attendees could also learn more about lead poisoning prevention, obesity prevention, tobacco cessation, emergency assistance, mental health services and aging services.

The event was a “tremendous opportunity to showcase our Fulton County positive spirit and hand together for health,” said Irena Gelman, MPH, DPM, director of public health for Fulton County.

— Kim Krisberg

DC-area association turns its attention to housing in region

HEALTHY HOUSING policy took center stage during the Metropolitan Washington Public Health Association’s National Public Health Week observance.

During the week, the APHA Affiliate held a pre-conference workshop on “Housing Policy and Health Equity” to help prepare for the association’s annual meeting in September, which has a theme of “Health Equity: Public Health Issues.” The D.C. Affiliate is beginning to engage more earnestly with the one of the city’s main social determinants of health — housing.

The April 4 National Public Health Week workshop featured a variety of local experts, advocates and activists who work on housing issues. Attendees learned about the effects of stable housing on health; the link between adequate, stable and affordable housing and community health in Maryland; the displacement of Washington, D.C., residents from public housing; opportunities to advocate for affordable and safe housing; and strategies for improving housing opportunities for all residents.

Among the action steps that came out of the meeting included a request to D.C. officials to guarantee that a $15 million proposed fund for renovations and repairs in public housing be spent to benefit local residents. In addition, workshop organizers called on local officials to ensure that redevelopment at Barry Farm, the largest public housing property, be done without displacing city residents.

Finally, the Metropolitan Washington Public Health Association’s Health Equity Committee committed to supporting residents’ demands during meetings with city officials and testifying during budget hearings.

— Kim Krisberg

The Fulton County Public Health Department held a NPHW health and wellness fair in Johnstown, New York.
Colorado students use NPHW to launch environmental health tool

PUBLIC HEALTH students in Colorado celebrated this year’s National Public Health Week with a variety of events on campuses across the state and debuted a new online tool that illustrates the connections between the environment, public health and community development.

Graduate students in the Colorado School of Public Health organized events at the University of Colorado Anschutz Medical Campus in Aurora, at Colorado State University in Fort Collins and at the University of Northern Colorado in Greeley. Activities included stress awareness and alleviation, a bike-to-campus day, documentary screenings and discussions on infant mortality among black newborns, career panels, fun runs, yoga, sushi-making demonstrations, CPR certification and volunteering at a local health fair.

Events officially began the Saturday prior to NPHW with a tree planting in Aurora. On Monday of NPHW, each of the three campuses held a kickoff event, with students hosting interactive booths that asked visitors to define what public health meant to them and urging them to sign APHA’s pledge to help create the healthiest nation in one generation. On the Fort Collins campus, public health students dressed as dancing bananas and handed out health-promoting products, while in Aurora, students took part in an exercise flash mob.

In Greeley, the week culminated with presentations from community members, faculty and students, with topics ranging from homelessness and housing to women and marijuana use to conspiracy theories about infectious diseases. On Friday of NPHW, students and alumni from the Colorado School of Public Health co-hosted a networking mixer with the Colorado Society for Public Health Education, Colorado Environmental Health Association and Colorado Public Health Association.

More than 100 people attended the networking event, including Larry Wolk, MD, MSPH, executive director and chief medical officer with the Colorado Department of Public Health and Environment.

Also during NPHW, Colorado School of Public Health students launched Everyday Colorado, an online community engagement tool designed to gather information from residents about local environmental concerns, values, experiences and successes. The statewide initiative is a partnership between the public health school, Colorado State University, public health professionals throughout the state, and the Tri-County Health Department in Greenwood Village, Colorado.

“Student involvement, through community engagement and developing content about environmental policies and action steps, is a critical component of this community-based learning project,” APHA member Jill Litt, PhD, an associate professor of environmental health at the Colorado School of Public Health at the University of Colorado-Boulder, said in a news release.

After gathering input from Colorado residents, Everyday Colorado organizers plan to publish a report on their findings and action steps to prepare the state for emerging challenges. For more on the new tool, visit www.everydayco.org/your-values.

— Kim Krisberg

Campbell University students put focus on health of NC community

ENGAGING rural communities in achieving health equity was a central goal of National Public Health Week activities at Campbell University in Buies Creek, North Carolina. Students made a point to include the community in all NPHW activities as part of their work to help create the healthiest nation in one generation.

The university’s public health students began the week on Monday with the “You’re Never Too Young or Too Old to Be Active” campaign. Students also hosted a Shag Night, which pays homage to a Carolinas dance tradition and where community members joined in to kick off the week of activities. On Tuesday, NPHW activities focused on positive mental health messaging in the community, with messages such as “Fight to be Stress Free!” The mental health campaign offered a wealth of stress management tips via social media, and student organizers led a stress management class at the community free clinic on campus. Part of the mental health effort was designed to raise awareness about access to quality health care in rural communities.

On Wednesday, the Campbell University Department of Public Health spon- sored an interprofes- sional event that hosted two members of the U.S. Public Health Service who spoke about their experiences on the frontlines of the Ebola outbreak. The event was organized to give students an opportunity to learn more about the role of public health globally as well as the service’s commitment to helping others.

During the rest of NPHW, student- and community-led activities took place throughout Harnett County. Public health students volunteered at a local soup kitchen, provided education to young girls at a health fair and served alongside campus ministry in local churches, stores and schools. To cap off NPHW, members of the Campbell University community signed a banner and pledged to be healthy, active and mindful of their health. However, NPHW activities did not end with students’ pledges. On Saturday, April 12, students took part in an emergency preparedness exercise based on the Centers for Disease Control and Prevention’s tongue-in-cheek zombie apocalypse campaign. Students received an educational lecture on the phases of disaster response and then participated in a mock disaster scenario.

— Kim Krisberg

Looking for more? Read National Public Health Week coverage online

NATIONAL PUBLIC HEALTH WEEK organizers are known for their enthusiasm. They showed so much passion this year, in fact, that The Nation’s Health had to make more room to accommodate all of the news and photos from their events.

While five events are highlighted in the July print issue, another 100-plus events are highlighted online.

“The response was so successful that we needed more space to showcase everything,” said Michele Late, executive editor of The Nation’s Health.

Full news and photos from NPHW are available on The Nation’s Health website, www.thenationalhealth.org, beginning June 6.

— Lindsey Wahowick

The School of Public Health at Georgia State University in Atlanta co-hosted a day of discussions on how to make the city a healthier, more bike-friendly community.
The Hawaii Public Health Association holds its NPHW Healthy Happy Hour, which included speakers who talked about health challenges and progress in the state.

The expo had a theme of “Public Health Matters — Public Health is Your Health.”

A Scrub Run 5K, in which runners dressed in a mix of medical scrubs and athletic wear, was held at the University of Delaware in Newark during NPHW.

Students and staff at the University of South Florida College of Public Health in Tampa participated in Give Life Day by donating blood, registering for the National Marrow Donor Program and engaging in other activities.

Students with the Public Health Alliance at the University of Illinois at Chicago host their We are Public Health Fair on campus.

In California, the Santa Cruz County Health Services Agency celebrates National Public Health Week with a Walk for Health that engaged public health workers.

Students at Hofstra University in Long Island, New York, engage at an NPHW health fair.

Visit us online at www.thenationshealth.org
Students at Grand Valley State University in Allendale, Michigan, brave cold temperatures to host an "Amazing Race" style health challenge on campus.

Students at the Commonwealth Medical College in Scranton, Pennsylvania, promote a lunchtime walk during NPHW.

Maclester College students celebrate their second-place win at the Undergraduate Public Health Scholar Bowl at Saint Louis University.

The University of California-San Diego’s Institute for Public Health hosts its second annual Public Health Research Day on April 6.

Some of the more than 100 Zumbathon participants at East Carolina University in Greenville, North Carolina, enjoy their exercise.

Nursing and medical students at Rush University-Medical Center pose for a photo while helping out at the Chicago Lighthouse’s NPHW observance.

The University of Texas at El Paso student conducts a screening during a health fair held at the Mexican Consulate during NPHW.

Participants enjoy the Tour de UCLA. The interactive cycle tour highlighted the bike-friendly design of the University of California-Los Angeles.

Grand Forks Public Health in Grand Forks, North Dakota, hosts a health walk with city Mayor Michael Brown.

The Public & Allied Health Organization at Delaware State University hosts an informational table on campus. The group focused on chronic and infectious diseases, substance abuse, social determinants and preparedness during four days of NPHW events.

Following its annual public health recognition awards, the Washington County Department of Health and Human Services in Hillsboro, Oregon, hosts an educational display.

For more photos and news from National Public Health Week, see The Nation’s Health website beginning June 6!
What is the Truth, Racial Healing and Transformation enterprise and what inspired its launch? The Truth, Racial Healing and Transformation enterprise is an effort to adapt the traditional and internationally recognized truth and reconciliation process for the United States. It is being launched by the W.K. Kellogg Foundation as the next phase of our work on racial healing and racial equity. We have for decades invested in this, but in the last decade in particular, we created what’s called America Healing and we’ve learned so much from that and helped to change the national discourse around the issues of race, racism and the need for racial healing.

We felt, given the leadership role the foundation has played historically in this space, that it was really a wise and timely moment for us to step into this space and lead a multi-sectoral effort to adapt the principles of knowledge of the truth and reconciliation processes.

How does racial inequity lead to health inequity in the U.S.? We have known for some time that there are just consistent and persistent...racial health disparities and inequities and many of those disease conditions are directly linked to stress and key environmental factors or the social determinants of health and well-being.

Because of our residential segregation and our lack of affordable investment in communities and in neighborhoods, there is more adversity, there is more stress oftentimes that takes the form of violence. Sometimes it takes the form of just chronic unemployment and the lack of access to resources. This translates into physiological and biochemical precursors for altered body function. The link between adversity and trauma and disease is much better known and understood today than it was 50 years ago. So there’s that sort of pre-disposition, if you will, to illness that’s aggruated by the social conditions in which people live. But there’s also a lack of access to equitable health care because of the residential segregation and the inequality that shows up on the ground with a disinvestment or pattern of disinvestment within communities.

What is the truth and reconciliation model? The core idea is to acknowledge the human rights atrocities and the human rights violations and the injustices that have happened, usually over a protracted period of time, that have led to divisions that seem irreconcilable in communities.

(We want) to engage communities in an open and honest fact finding and truth telling with the intention of bringing people together to make amends, to share a spirit of acknowledgment and also a desire to move beyond that which has divided. Hence the term reconciliation.

They usually involve private sessions and opportunities for healing, but this also involve public testimonials, if you will, public hearings, public fact findings. Essentially, they acknowledge the harms. They acknowledge the injustices and they also bring the perpetrators together with those who have experienced the victimization and we get a truth telling, if you will.

What is racial healing and why is it significant to this model? We felt it was very important to be explicit that this is about acknowledging the fallacy of a hierarchy of human value but the fact that that belief itself is embedded in our constitution, it’s embedded in our systems and structures and it’s embedded in our culture. We believe that racial healing is the process of engaging to uproot and to interrogate and to develop meaningful trends and approaches to uproot the belief in racial hierarchy and the consequences of that belief. In a democracy, it’s about engagement. It’s about exercising one’s sense of empowerment and responsibility to help to inform public dialogue and public debate. We can’t underestimate the significance of engagement and dialogue around these critical issues. But that leads to mobilization that will lead toward greater equity.

One part of the enterprise is the Remix the Narrative campaign, which invites people to share personal stories via social media on how race and equity play out in their lives. How can we harness personal narratives into improved health?

There’s a growing movement in psychology and in other fields to recognize that we are more than just ourselves and our tissues. We as human beings are also our stories, our collective stories and our individual stories. Those stories reflect our relationships with our immediate family, our relationships with our community and certainly, in a racialized hierarchical society, our relationships with the broader society as a whole.

When we hold stories, those stories affect our chemistry. They affect our relationships with our communities.

How can individual public health workers and APHA members get involved? We are really honored to have the American Public Health Association as one of the hundred or more partners that are helping us in this design phase. We know the implementation will be within local communities all over this country and so we imagine that local health departments will be partners in the work. They will be invited to be part of the healing circles that happen around the country. They’ll be invited to bring forth information in terms of the unique racial history of the public health system in America.

What are the possible health outcomes that would define success for this enterprise? We think on an individual level, people are going to be healthier. They’re going to have less of a stress response and they’re going to build relationships that are more empathetic. They’ll also have tools and resources for being less reactive to the overriding ethos of a racialized culture in society. And that speaks to the internalized racism in America, those who experience it, who have been placed arbitrarily at the bottom of that hierarchy. We live every day with microagressions and insults and this broader context of truth, racial healing, and transformation, it creates a container that is helping in living with those things and experiencing and not internalizing them as readily.

Besides the individual improvements and skills and capacities, we hope that communities will look differently and will be willing to build the political will and the social will and ultimately the compassion and caring that will help us design healthier communities and that will help to foster better health outcomes, particularly in the area of chronic disease.

APHA has laid out a goal of creating the healthiest nation in one generation. How will this enterprise align with that goal? To create the healthiest nation in a generation will require a focus on prevention. When we are successful in making racism a thing of the past, and truly bringing an end to this legacy of a belief in racial hierarchy, we will, in fact, be contributing to the prevention of illness and the prevention of disease and moving us forward to being a much healthier nation.

— Interview conducted, edited and condensed by Natalie McGill

Listen to this interview as a podcast. Visit www.chetnowhealth.org.
The NATION

Health news at the national and federal levels

Report: Entire US at risk for health effects of climate change

Every American is susceptible to the health risks of climate change, according to a major new federal report.

"The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment," was released April 4 by the U.S. Global Change Research Program. It clarifies and expands upon the scientific assessments called for under the President’s Climate Action Plan, part of the National Climate Assessment process, which calls for helping Americans understand, predict and respond to climate change, both human-induced and natural.

Not only is every American at risk of being affected by climate change, but increased exposure to multiple health threats and the inability to adapt to these threats themselves can increase a person’s risk, according to the report.

The assessment’s key findings include a prediction for an increase in thousands to tens of thousands of heat-related summer deaths.

Days that are hotter than usual in summer and colder than usual in winter are both associated with increased illness and death, and while the population tolerance for extreme heat has been observed, older adults and children are at risk of dying or becoming ill due to extreme heat.

Mental health can be affected during and after climate change events, said Surili Patel, MS, senior program manager for environmental health at APHA’s Center for Public Health Policy. For example, the stress of surviving a hurricane could be compounded by losing a home in the storm, and the financial burden that comes along with that.

Families displaced by a climate event face stress in everything from economic stress to the anxiety that comes with children starting new schools or being separated from friends, she added.

Patel said the report’s comprehensive assessment of risks is a show of the White House’s commitment to educating and protecting the public when it comes to climate change.

“The administration has commissioned more reports like this, more frequently,” Patel told The Nation’s Health. “It shows we’re moving to a more climate-conscious country.”

Awareness and commitment do seem to be increasing, as on April 22, Earth Day, the U.S. signed the Paris Agreement on climate change, a United Nations Framework Convention on Climate Change focused specifically on greenhouse gas emissions mitigation, adaptation and the surrounding costs. Its objectives include limiting global temperature rise to well below 2 degrees Celsius, for 1.5 degrees Celsius. The U.S. joined more than 170 other world leaders in signing the agreement — the most to ever sign onto an international agreement in a single day, said U.S. Secretary of State John Kerry.

It will enter into force 30 days after at least 55 countries, accounting for 55 percent of global greenhouse gas emissions, show how they will ratify the agreement. Fifteen countries have already done so: Barbados, Belize, Fiji, Grenada, Maldives, Marshall Islands, Nauru, Palau, Palestine, Saint Kitts and Nevis, Saint Lucia, Samoa, Somalia and Tuvalu. With the U.S. and China signing on, the agreement reached 40 percent, Ban said.

“I will do all that I can this year to ensure that the Paris Agreement enters into force as soon as possible,” Ban said in a news release.

APHA is doing its part to educate the public on the risks of climate change to public health. The Association recently collaborated with Climate Nexus to release a series of infographics, which depict how health is impacted by four climate change issues: air quality, extreme weather, rising temperatures and vector-borne diseases.

“The leap from climate change to health is not a single one,” Patel said. “This breaks it down and helps you see exactly the primary, secondary and tertiary effects. When you see a 5 percent increase in hospital visits every time there’s a wildfire, I think that’s impactful.”

The infographics are available at www.apha.org/climate-graphics.

APHA also hosted a series of four webinars on climate change and health in collaboration with eCOAmerica this spring. Recordings of the webinars are available at www.apha.org/climate-changes-health.

To read the report, visit www.globalchange.gov/health-assessment.

For more about APHA’s climate change work, visit www.apha.org/climate-change.

— Lindsey Wadhwa

Public health, worker safety advocates welcome new federal silica standard

Following decades of mounting evidence on the dangers of silica dust, the U.S. Occupational Safety and Health Administration officially adopted a new silica exposure rule expected to save more than 600 lives every year and prevent 900 new cases of the incurable lung disease silicosis.

Announced in March, the rule reduces the permissible exposure limit for crystalline silica to 50 micrograms per cubic meter of air averaged over an eight-hour shift. The new limit is two to five times lower than the previous standard, which varied according to industry. The rule also requires employers to use engineering controls or personal protective equipment to limit silica exposure, train workers and provide medical exams to highly exposed workers, among other measures.

The previous silica standard was established more than 40 years ago.

Today, about 2.3 million workers face silica exposure, including 2 million construction workers and 300,000 workers in brick manufacturing, foundries and fracking. Silica, a common mineral often found in construction sites and industrial products, is a known human carcinogen and has been linked to lung cancer in workers. OSHA noted that many cases of silicosis continue to go undiagnosed and unreported.

“APHA has long championed measures to reduce the significant toll silica takes on our workforce every day,” APHA Executive Director Georges Benjamin, MD, said in a news release. “We know that silicosis kills 200 workers and harms 7,300 more each year.”

According to OSHA, the new silica rule includes two standards — one for the construction industry and one for general and maritime industries. The agency estimated that the new rule will save the U.S. economy billions of dollars in the coming decades due to reduced costs related to illness, injury and death.

In the wake of OSHA’s announcement, eight construction industry organizations filed a petition for review challenging the new silica rule with the U.S. Court of Appeals for the Fifth Circuit, arguing that the standards are “technologically and economically infeasible.” However, workplace safety advocates disagree.

APHA member Peter Dooley, M.D., Chair of the National Council for Occupational Safety and Health, noted that the new rule is “essentially about dust control and the technology for that is readily available.” He added that the updated silica rule will protect the public from unnecessary airborne contaminants.

“This is a great leap forward,” Dooley told The Nation’s Health. “The OSHA rulemaking process is so broken and so challenging that improvements in standards have been very few and far between.”

Dooley added that the most vulnerable workers, many of whom may not be aware of workplace hazards or their right to a safe workplace, often perform jobs with the greatest silica exposure risks. In turn, he said the new rule may be particularly beneficial in raising awareness that “what’s commonly known as construction dust” is actually quite dangerous.

Employers subsequent to the new construction standard have until June 2017 to comply, while general and maritime industry has until June 2018.

For more, visit www.osha.gov/silica.

— Kim Krisberg

U.S. Secretary of State John Kerry, with his granddaughter Isabella Dobbs-Higginson, signs the Paris Agreement on April 22 in New York City. Countries signing on agree to work to end the human causes of climate change, which affect health.
Researchers estimate high-risk US cities for Zika transmission

A COMBINATION of warm weather, frequent travel and poor socioeconomic conditions could put some areas of the U.S. at high risk for Zika transmission.

In a study published in Plos Currents: Outbreaks in March, researchers with the National Center for Atmospheric Research examined factors that were most likely to allow Zika to spread in the contiguous U.S. At the top of that list were Aedes aegypti mosquitoes, the most frequent carrier of the virus, and their range in the U.S. Other factors included arrival patterns for travelers from Zika-affected countries, weather conditions and poverty levels.

Working with the NASA Marshall Space Flight Center, researchers created a map showing risk potential. They found that cities in

Many U.S. cities face the prospect of increasing risks of Zika-carrying mosquitoes, a new study finds.

Health network prevents, notifies public of foodborne illness outbreaks

健康网络防止并通知公众因食物中毒而爆发的疾病

The program’s success is rooted in its use of DNA. Public health scientists match the DNA fingerprints in bacteria that make people ill to make connections to foodborne illness cases and uncover outbreaks, according to CDC.

The use of whole genome sequencing — a more in-depth analysis of the DNA in bacteria — to match similar foodborne illness bacteria across the U.S. could be instrumental in preventing even more infections and wasted health care dollars, according to CDC. PulseNet’s work has saved $500 million in related health care costs and lost productivity, according to the study, which looked at data between 1994 and 2009. The program overall costs $7 million annually to run.

“PulseNet has provided an incredible return on investment with hundreds of thousands of people able to stay healthy as a result of this early warning system,” said CDC Director Tom Frieden, MD, MPH, in a news release. “Advanced molecular detection technology, such as whole genome sequencing, is enhancing CDC PulseNet’s ability to save lives right now — and promises to save more American lives in the future.”

For more information on the study, visit www.cdc.gov/pulsenet. — Natalie McGill
A new OSHA reporting rule has resulted in more than 10,000 on-the-job injury reports in the requirement’s first year.

Injuries reported under new OSHA rule

More than 10,000 severe work-related injuries were reported to the U.S. Occupational Safety and Health Administration during the first year of a new reporting rule. Since the start of 2015, employers have been required to report any severe occupational injury — defined as hospitalization, amputation or eye loss — to OSHA within 24 hours of the injury occurring. In the rule’s first year, employers reported more than 10,300 severe injuries, including more than 7,600 hospitalizations and more than 2,600 amputations. In a majority of cases, OSHA said it worked with employers to identify and mitigate workplace hazards, rather than conduct a site inspection.

“Trends in fingertip amputations among workers using food slicers in supermarkets and restaurants. In response, officials distributed safety information to more than 3,000 work sites.

For a copy of “Year One of OSHA’s Severe Injury Reporting Program: An Impact Evaluation,” visit www.osha.gov.

Killings by police often involve disabled

Up to half of all people killed by police officers in the U.S. have a disability, according to a new report from the Ruderman Family Foundation. Released in March, the report also found that media reports about such killings often fail to report or recognize that the person who died had a disability. In examining three years of media coverage related to police violence and disability, the report found that a person’s disability often goes unmentioned, and about 80 percent of cases that involved someone with a disability are categorized as mental illness.

“This white paper reveals that people with disabilities are senselessly being subjected to a disproportionate use of force by our police and many of these encounters are leading to unnecessary deaths,” Jay Ruderman, JD, president of the Ruderman Family Foundation, said in a news release. “Police forces need better practices, policies and procedures when interacting with people with disabilities so that harm by our law enforcement authorities is prevented.”


Medications pose risk of poisoning to kids

With prescription medication use on the rise in the U.S., advocates are calling on families and caregivers to educate themselves on the risks of medication poisoning among children.

In March, Safe Kids Worldwide released a report on the increase of medications in people’s homes and the implications for children. The report noted that more than 59,000 U.S. kids visit an emergency room every year because of unintentional poisonings from medications. In fact, poison control centers receive a call nearly every minute related to children and medicines.

Toddlers are at greatest risk for medicine poisoning, the report stated, with 1- to 2-year-olds making up 40 percent of all poison calls to centers. The report also said that a majority of poisonings are related to the home environment, which is where most poisoning cases occur. At the same time, the report notes that a lack of pediatric poisoning information is preventing children from getting the best care possible.

“Each year, thousands of children are injured or die as a result of poisoning,” said Dr. David Mustard, president and CEO of Safe Kids Worldwide. “This study is an important reminder that poison prevention strategies must be personalized and targeted to their specific audience.”

American teens have the highest teen pregnancy rates in the world.

In New Hampshire, Maine, Mississippi and Arkansas, teen pregnancy rates are among the highest in the world, according to the Guttmacher Institute. A new report from the Guttmacher Institute, released in April, 16 communities led in adopting complete streets policies, including a new policy report from Smart Growth America.

The nonprofit organization defines a complete streets approach as one that supports an integrated transportation system that addresses safe travel for people of all ages and abilities, regardless of their mode of transportation. According to the report, which was released in April, 16 communities led in creating and adopting complete streets policies, including a new policy report from Smart Growth America.

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FDA calls for new cap on arsenic levels in infant rice cereals

The U.S. Food and Drug Administration is taking steps to reduce the amount of arsenic in infant rice cereal.

The agency proposed in April that infant rice cereals should have a limit of no more than 100 parts per billion of inorganic arsenic. Crops such as rice can absorb arsenic, which can be found in air, soil and water in small amounts, FDA said.

Many infant rice cereals sold in the U.S. already meet the FDA’s proposed limit. According to an FDA analysis of 76 infant rice cereals in 2014, 47 percent met the limit. More than three-quarters of the cereals were at a limit of 110 parts per billion.

Infants exposed to inorganic arsenic may be at increased risk for developmental delays as children. There may also be a higher risk of developing certain cancers in adulthood. An additional four cases of bladder and lung cancer may develop for every 100,000 Americans due to inorganic arsenic exposure from rice and rice products, according to FDA.

“Our actions are driven by our duty to protect the public health and our careful analysis of the data and the emerging science,” said Susan Mayne, PhD, director of FDA’s Center for Food Safety and Applied Nutrition in an April 1 news release. “The proposed limit is a prudent and achievable step.”

In addition to iron-fortified rice cereals, FDA recommends parents feed their infants a variety of foods, including iron-fortified barley, oat and multigrain cereals. The agency also recommends women eat grains such as barley and wheat during pregnancy.

To submit a comment, visit https://federalregister.gov/a/2016-07840. The deadline for consideration is July 5.

For more information, visit www.fda.gov.

— Natalie McGill

Study finds less than 3 percent of Americans living healthy lifestyles

When it comes to living a healthy lifestyle, such as eating well and being physically active, less than 3 percent of Americans are on the right track, a recent study found.

The study, which was published in the April issue of Mayo Clinic Proceedings, looked at National Health and Nutrition Examination Survey data for more than 4,700 Americans ages 20 and older between 2003 and 2006.

Researchers monitored participants for four behaviors that indicate a healthy lifestyle: having the recommended body fat percentage, eating a healthy diet, being physically active and being a nonsmoker.

Being physically active, for example, meant doing moderate to vigorous exercise for at least 150 minutes a week.

Researchers then analyzed how those characteristics associated with risk factors for cardiovascular disease, including blood pressure and cholesterol.

Only 2.7 percent of study participants had all four healthy lifestyle characteristics. However, 34 percent had one, the study said. Eleven percent of participants had none of the four healthy characteristics.

The higher the number of indicators participants had, the more likely they were to have low levels of blood cholesterol and higher rates of good cholesterol.

Failing to lead a healthy lifestyle can put Americans at risk for chronic diseases, such as cardiovascular disease and diabetes, the researchers said.

“This is sort of mind-boggling,” said study author Ellen Smit, PhD, RDN, an associate professor at Oregon State University’s College of Public Health and Human Sciences, in a news release. “There’s clearly a lot of room for improvement.”

For more information, visit www.mayoclinicproceedings.org.

— Natalie McGill
Chicago focuses on health equity, health-in-all-policies approach

CHICAGO OFFICIALS have made tackling health inequities a priority in the newest round of their citywide health plan.

Launched March 29, Healthy Chicago 2.0 is a four-year comprehensive plan developed with 130 partner organizations and guided by a health-in-all-policies approach to address the root causes of poor health among Chicago residents.

A health-in-all-policies approach encourages all city officials to consider health in their decision-making. Factors that influence health, known as social determinants of health, include education, economic stability and health care.

According to the plan, more than 830,000 Chicago residents live in economically depressed neighborhoods and 48 percent of Chicago’s children live in areas that are potentially damaging to a child’s health and development.

“We recognize our resources are not increasing from state, local and federal government,” Julie Morita, MD, commissioner of the Chicago Department of Public Health, told The Nation’s Health. “As we broaden the scope of our work to include social determinants of health, we don’t have dedicated funding to address these issues. So how else than to partner with others? We have an interagency task force. We want to align our work with them so we’re addressing these social determinants of health in a coordinated way.”

Following the release of the first Healthy Chicago plan in 2011, Chicago’s teen birth rates and numbers of HIV diagnoses decreased and the number of people with health insurance increased, Morita said. However, there were still populations dealing with “persistent disparities,” she said.

The plan is aimed at reducing health inequity across 10 action areas: expanding partnerships and community engagement, increasing access to health care and human services, promoting behavioral health, strengthening child and adolescent health, preventing and controlling chronic disease, utilizing research, reducing violence, reducing the burden of housing costs, focusing on community development and education equity.

Over 18 months, health experts and Chicago residents formed teams for each action area to develop goals, objectives and strategies. The plan, which includes more than 200 strategies, has already seen some early success.

One strategy, raising the minimum tobacco purchase age to 21, was aimed at reducing the prevalence of and deaths from tobacco-related disease.

That strategy became a reality in March when the Chicago City Council passed an ordinance to raise the age effective July 1, Morita said. The ordinance also includes a ban on the use of discounts such as coupons to purchase the items.

Another part of the plan is the focus on data monitoring, which includes tracking statistics on the root causes of health such as housing costs and impacts of racial discrimination and the effects of neighborhood social cohesion, said Nikhil Prachand, director of epidemiology for the Chicago Department of Public Health.

“We plan on doing annual updates and developing a website so the public can look at progress on these indicators,” Prachand told The Nation’s Health.

Janine Hill, MPH, executive director of EverThrive Illinois, a Healthy Chicago 2.0 partner organization, said as a “data nerd” she is enthusiastic about the emphasis on research. “I do think what gets measured gets changed,” Hill told The Nation’s Health. “That was not teased out but flavored through the first Healthy Chicago. There is a whole priority area and an action team dedicated to new data and research in this new version, which I think is awesome.”

Under the action area of strengthening child and adolescent health, EverThrive Illinois, a maternal and child health advocacy group, will continue work.

Hill began in the first round of Healthy Chicago in areas such as preconception care for women and breastfeeding encouragement. One of the Healthy Chicago 2.0 strategies to reduce infant mortality in low-income communities is to promote breastfeeding for the first six months of an infant’s life.

For more information, visit www.chicago.gov/HealthyChicago2.0.

— Natalie McGill

Photo courtesy Chicago Department of Public Health

Julie Morita, commissioner of the Chicago Department of Public Health, addresses the crowd during the March 29 launch of Healthy Chicago 2.0. The plan uses a health-in-all-policies approach to address the root causes of the city’s health disparities.

NYC kicks off anti-smoking campaign

A new advertising campaign urging smokers to quit and offering free cessation tools recently hit the streets of New York City.

In March, the New York City Department of Health and Mental Hygiene launched “Quitting is Hard, Cancer is Harder,” which features a former smoker who was diagnosed with lung cancer at age 39. The new campaign ads were shown on TV, social media, in newspapers, on the radio, on public transit and for the first time, on the Staten Island Ferry.

The campaign also urged smokers to apply to the health department’s Nicotine Patch and Gum Program, which offers free patches and gum to those eligible. Since 2003, more than 350,000 New Yorkers have enrolled in the Nicotine Patch and Gum Program.

“A new advertising campaign from the New York City Department of Health and Mental Hygiene shows one man’s real-life struggle with cancer after years of smoking.”

— Kim Krisberg

“Effective advertisements like these are key to communicating the dangers of tobacco use,” Corey Johnson, chair of the New York City Council Health Committee, said in a news release. “These advertisements powerfully illustrate both the reality of lung cancer and the fact that it is preventable.”

In related news, the New York State Department of Health in April launched its “Treat Nicotine Addiction Campaign,” which urges health care providers to frame smoking as an addiction to nicotine rather than simply as a bad habit.

For more, visit health.ny.gov. For information on the New York City campaign, visit www1.nyc.gov.

Government failure led to Flint crisis

The drinking water crisis in Flint, Michigan, is a “story of government failure, intransigence, unpreparedness, delay, inaction and environmental injustice,” according to a report from the independent Flint Water Advisory Task Force.

Released in March, the report identified causes of the water crisis and offered recommendations for addressing the problem and safeguarding drinking water in the future.

The task force concluded that the Michigan Department of Environmental Quality “failed in its fundamental responsibility to effectively enforce drinking water regulations,” and the Michigan Department of Health and Human Services “failed to adequately and promptly act to protect public health.” The report also stated that Gov. Rick Snyder and his office failed to act in the face of mounting problems.

Angry at these recommendations, the task force called for re-establishing the Michigan Childhood Lead Poisoning Prevention and Control Commission as well as an executive order that mandates environmental justice training across all state agencies.

“The significant consequences of these failures in Flint will be long-lasting,” the report stated.

Flint residents were exposed to lead in their drinking water after the city switched its water supply source to the Flint River in 2014. Research has found elevated blood lead levels in some residents.


— Kim Krisberg

Photo courtesy NYC Department of Health and Mental Hygiene

A new advertising campaign from the New York City Department of Health and Mental Hygiene shows one man’s real-life struggle with cancer after years of smoking.
Join your colleagues for the most important public health event of the year. The APHA Annual Meeting & Expo is the place to experience cutting edge public health education and networking opportunities! We’re dedicated to providing you with the highest quality professional resources to help you make a difference in your community, improve the practice of public health and advocate for evidence-based programs and policies.

2016 THEME:
Creating the Healthiest Nation: Ensuring the Right to Health

Health is not an option. EVERYONE deserves the opportunity to achieve the highest level of health. It’s about access, it’s about equity, and it’s about giving more attention where it’s needed. Moving toward health equity means we must value all people equally, promote prevention and zero in on the social determinants of health.

DON’T MISS ENGAGING SESSIONS THAT INSPIRE AND MOTIVATE

OPENING GENERAL SESSION
Sunday, Oct. 30 - Noon-1:30 pm
One of our nation’s most important advocates for the right to health, Ms. Cecile Richards will keynote this year’s opening session. Ms Richards has served as the President of the Planned Parenthood Federation of America and the Planned Parenthood Action Fund since 2006. In her role at Planned Parenthood, she has continued a movement to build a healthier and safer world for both men and women. Each year, Planned Parenthood health centers nationwide provide access to care for 2.7 million patients and sex education to 1.5 million people. Ms. Richards has dedicated her life to fighting for the rights of underrepresented populations, and you will not want to miss her powerful remarks!

MONDAY GENERAL SESSION
Monday, Oct. 31 - 4:30 p.m.-6:00 p.m.
The CDC: Disease Detectives to the World
Our Monday session will feature current and former directors of the U.S. Centers for Disease Control and Prevention. Confirmed speakers Dr. Thomas Frieden and Dr. David Satcher will provide attendees with insight on what it’s like to guide the extraordinary work of the CDC. The session will explore the important role the agency plays in responding to emerging health threats, promoting health, building public health infrastructure, conducting research and educating the public. Join us in hearing about the achievements of this important agency through the eyes of the amazing leaders who have been privileged to serve.

CLOSING GENERAL SESSION
Wednesday, Nov. 2 - 2:30 p.m.-4:00 p.m.
For over 100 years APHA has been dedicated to ensuring the right to health equity for all. This year’s closing session will be the capstone event of an exciting and informative week exploring “Ensuring the Right to Health” as a strategy towards becoming the healthiest nation. Incoming APHA President Thomas Quade, MPH, will moderate a discussion on the essential actions necessary to achieving health equity. Taking part in the session are leaders of the nation’s three most influential public health associations; APHA President Camara Jones, MD, PhD; ASTHO President Edward Ehlanger, MD, MSPH and a leader from NACCHO.

Read detailed descriptions and speaker bios at [www.apha.org/annualmeeting](http://www.apha.org/annualmeeting).
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Whether your meeting objective is to learn, network, present or kick off your career, it’s the thousands of public health professionals coming together that make APHA 2016 a must-attend event.

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WWW.APHA.ORG/MEETING-REGISTRATION

A LOOK AHEAD!
SATURDAY, OCTOBER 29
7:30 a.m.–6:00 p.m.
Registration Opens
9:00 a.m.–5:00 p.m.
Learning Institutes (additional fees apply)
SUNDAY, OCTOBER 30
8:00 a.m.–6:00 p.m.
Learning Institutes (additional fees apply)
12:00 p.m.–1:30 p.m.
Opening General Session
1:30 p.m.–5:30 p.m.
Public Health Expo Grand Opening
2:30 p.m.–5:30 p.m.
Poster Sessions
6:00 p.m.–9:00 p.m.
Receptions
MONDAY, OCTOBER 31
8:30 a.m.–4:00 p.m.
Oral & Poster Scientific Sessions
9:30 a.m.–5:30 p.m.
Public Health Expo
4:30 p.m.–6:00 p.m.
Monday General Session
6:00 p.m.–9:00 p.m.
Receptions
TUESDAY, NOVEMBER 1
8:30 a.m.–6:00 p.m.
Oral & Poster Scientific Sessions
9:30 a.m.–5:30 p.m.
Public Health Expo
6:00 p.m.–8:00 p.m.
Public Health Awards Ceremony & Reception - All Welcome
6:00 p.m.–9:00 p.m.
Receptions
WEDNESDAY, NOVEMBER 2
8:30 a.m.–12:30 p.m.
Public Health Expo
8:30 a.m.–2:00 p.m.
Oral & Poster Scientific Sessions
2:30 p.m.–4:00 p.m.
Closing General Session

www.apha.org/AnnualMeeting
Social determinants take center stage in call for Public Health 3.0

Despite spending more on health care than any country in the world and being home to some of the best, most cutting-edge medicine, the U.S. ranks 34th in life expectancy. In fact, for Americans living in poverty, life-span is on the decline. The challenge of turning such statistics around have led federal health officials to call for a new era of public health, Public Health 3.0.

"Your ZIP code is more important to your health than your genetic code," Karen DeSalvo, MD, MPH, MSc, acting National Coordinator for Health Information Technology, told The Nation’s Health. "Public health not only has to be part of that (shift in thinking), it has to be ready to lead."

In an article in the April issue of APHA’s American Journal of Public Health, DeSalvo, along with fellow officials from HHS and the Centers for Disease Control and Prevention, argue that as the nation’s disease burden is increasingly attributable to behaviors shaped by social and environmental determinants, public health agencies must take a lead role in building the community conditions that promote good health and well-being for all.

The article authors refer to Public Health 1.0 as the period during the 20th century that brought about monumental advances in science and medicine, such as antibiotics and vaccines, and accelerated the fields of epidemiology and laboratory science. Public Health 2.0 began with the report from the then-Institute of Medicine report on the “Future of Public Health,” which concluded that the nation’s public health system had fallen into “disarray” and jumped-started a national effort to clearly define essential public health services. Now, the authors argue, it is time to upgrade from Public Health 2.0 to Public Health 3.0, which the authors described as a “modern version that emphasizes cross-sector collaboration, public and environmental, policy and systems-level actions that directly affect the social determinants of health.”

The key components of Public Health 3.0 are enhanced public health leadership in the community, broader engagement with partners across multiple sectors, an accreditation process that includes Public Health 3.0 elements, more timely and timely relevant data, new metrics of community health and more flexible public health funding. The HHS Office of the Assistant Secretary for Health is leading the Public Health 3.0 initiative, which will build off ongoing Healthy People 2020 efforts that encourage collaboration across sectors and communities.

DeSalvo noted that while transitioning to Public Health 3.0 will require new resources — a challenge for a field that already struggles with underfunding — the Affordable Care Act has given public health the opportunity to move away from caring for the uninsured and “into a world where they can think more about policy and systems-level change.”

To shift public health into the new era, DeSalvo said HHS will help jump-start a national conversation on the importance of achieving good health beyond the realm of health care.

Throughout 2016, the HHS Office of the Assistant Secretary for Health will host regional listening sessions with leaders from the public and private sectors, to engage the ultimate goal of building a national framework for Public Health 3.0.

For more information, visit www.healthypeople.gov and www.apha.org.

— Kim Krisberg

Rethinking how to address health disparities

**DETERMINANTS, Continued from Page 1**

and the chances of a child not celebrating his or her first birthday," APHA member Mouhanad Hammami, MD, director of the Wayne County Department of Health, Veterans and Community Wellness, told The Nation’s Health. "What happens from the time a girl is born to the time she has a child, it takes a long time."

The Wayne County approach is complex, slow moving and requires buy-in from multiple sectors, but Hammami said public health "cannot continue to do business as usual." Among the first steps, he said, was reaching across sectors to educate public officials about the importance of public health. For instance, when Hammami first asked local transportation authorities for help in reducing infant mortality, he said "they laughed and said they were not a health department."

But Hammami persisted, explaining that for many women, transportation was a major component of maternal care. Now, health and transportation officials work together to make women aware of their transportation options, such as shuttles that can be scheduled in advance.

However, the infant mortality effort was just the beginning. Today, the Wayne County health department is in its first full year as a restructured agency in which social determinants of health inform everything it does. Hammami called the new working philosophy “no wrong door.” In other words, regardless of why people visit the health department, staff can assess their social needs and help them access services, such as Head Start or housing assistance. The agency also has a newly established Social Wellness Program, which is charged with creating a delivery model that acknowledges and confronts the health impacts of social determinants. "We can’t approach a person in sections and silos," Hammami told The Nation’s Health. "We’ve become so overspecialized — we’ve lost the authority to be truly what we should be: the guardians of people’s health. Our plan is to reclaim that authority.”

Wayne County, which encompasses Detroit, is far from alone in its work to both zero in on social determinants of health and broaden its focus on creating social conditions that promote health and longevity. In fact, public health agencies from the local to federal levels are increasingly turning their attention from upstream to social conditions that perpetuate poor health, premature death and disease risk from one generation to the next.

"Public health was founded on principles of social justice," Richard Hofrichter, PhD, MA, senior director for health equity at the National Association of County and City Health Officials and an APHA member, told The Nation’s Health. "Now we need to focus on how to link those two back together again...When we talk about the future of public health, it’s not just about shifting numbers; it’s about a new way of doing the work of public health.”

**Moving from diseases toward determinants**

While public health has a long history of confronting social conditions such as sanitation, healthy housing and safe workplaces — factors referred to as social determinants of health — in the past century focused on understanding and preventing diseases, building on enormous advances in science and medicine.

Fast forward to 1988, when the then-Institute of Medicine released “The Future of Public Health,” which concluded that public health's place had been clarified, clearly defined, adequately supported, nor fully understood.” In its recommendations, the report’s authors defined the mission of public health as “fulfilling society’s interest in assuring conditions in which people can be healthy.”

Twenty years later, the World Health Organization’s Commission on Social Determinants released “Health Equity Through Action on the Social Determinants of Health,” which stated that “social injustice is killing people on a grand scale.” The report called on governments worldwide to take action on social determinants of health, which WHO defines as “conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.”

Today, the evidence base on social determinants is bigger every day, from studies that link poverty and shorter life expectancy to those that document how unconscious bias leads to lower quality health care for black Americans. In fact, a meta-analysis published in 2011 in APHA’s American Journal of Public Health found that in 2000, 245,000 U.S. deaths were attributable to low education, 176,000 to racial segregation, 162,000 to low social support, 155,000 to individual poverty. Such social determinants have become so prominent in health improvement discussions that they even secured a greater role in the nation’s most recent health objectives. Healthy People, which sets health goals for the nation across a 10-year period, included social determinants as a stand-alone topic area in its 2020 round. "Healthy People has always included areas relevant to social determinants,” said APHA member Carter Blakey, deputy director of the U.S. Office of Disease Prevention and Health Promotion, which oversees its Division of Community Strategies, which oversees Healthy People 2020. "But this decade, we deliberately elevated the importance of social determinants. In part, came from a growing recognition that to

“When we talk about the future of public health, it’s not just about shifting numbers; it’s about a new way of doing the work of public health.”

— Richard Hofrichter
Social determinants becoming focus of public health work

Photo by Justin Sullivan, courtesy Getty Images

A customer shops for fresh vegetables at a farmers market in March 2011 in San Francisco. Adequate access to nutritious food is a social determinant that can influence health.

American Academy of Pediatrics issued new recommendations urging pediatricians to screen patients for poverty and to advocate for public policies that reduce the effects of poverty on children. Benard Varnes, MD, FAAP, president of the academy and professor of pediatrics at New York University School of Medicine, said that with so many preventable and well-child visits in a child's first five years, pediatricians are uniquely positioned to intervene and help put children on a healthier trajectory.

“We know that at least 50 percent of health outcomes are due to the social determinants and only 20 percent are due to the clinical care we give them,” Dreyer told The Nation’s Health. “The other 30 percent has to do with health behaviors and many of these are related to social determinants... We know exactly how the social determinants impact children. We see it happening before our eyes every day.”

Tackling social determinants on the ground is “not as easy as people think,” said APHA member Roderick King, MD, MPH, CEO of the Florida Institute for Health Innovation.

Rudolph, an APHA member who also serves as director of Climate Change and Health, told The Nation’s Health, “And if you can’t build the infrastructure to do this work within public health, then partner with it... No other organization has the potential to do this type of work like public health does.”

To learn more about public health and social determinants, visit www.cdc.gov/socialdeterminants. For more on Healthy People 2020’s role, visit www.healthypeople.gov.

For a new infographic on how social determinants can influence health, visit www.thenationshealth.org/adh.

Kim Krisberg

Children eat breakfast at a federally funded Head Start Program in September 2012 in Woodbourne, New York. Access to education, including early education, is a social determinant that can influence health throughout the lifespan.
Family members caring for seniors struggle with physical, emotional strain

CAREGIVERS, Continued from Page 1

Americans provided unpaid care to adults ages 50 and older in the past year, according to “Caregiving in the U.S.” a joint report of the National Alliance for Caregiving and AARP released in June 2015. The average age of a caregiver is 49 years old, and 60 percent are women, the report said. Nearly half of caregivers are helping a parent or parent-in-law.

While caring for their loved ones, family caregivers often neglect their own physical health. They skip preventive screenings such as annual mammograms, dental and prostate exams because they either lacked time or their loved one’s medical needs were given higher priority, said Gail Hunt, president and CEO of the National Alliance for Caregiving.

A 2010 study the alliance conducted with University of Pittsburgh researchers looked at health risk assessments of employees at a multinational corporation who responded to the question “Are you caring for an elderly relative?” and compared the caregivers to a population of non-caregiver employees. Caregivers reported more depression, stress-related physical issues and chronic diseases such as asthma and diabetes compared to non-caregivers.

Caregivers were more likely to have negative behaviors, such as smoking and drinking, Hunt told The Nation’s Health.

The costs of unpaid care in the U.S. are staggering. Unpaid care was estimated at $498 billion in 2015, an increase from $450 billion in 2009, according to a July 2015 report from AARP. That unpaid care translates into financial burdens that are passed on to the family caregiver.

Associated costs come not only from tasks such as buying prescription medications, but purchasing food for a special diet or paying out-of-pocket for care that is not always fully covered by health insurance; such as dental, vision and hearing services, said Carolyn Mendez-Luck, PhD, MPH, an assistant professor of health management and policy at Oregon State University’s College of Public Health and Human Sciences and member of AHPA’s Aging and Public Health Section.

“Caregivers often pick up that bill to pay for these services their loved ones need,” Mendez-Luck told The Nation’s Health. “This in the long run puts them at financial risk, not to mention those younger caregivers that might be quitting jobs or reducing hours at their jobs to care for family members.”

Gaps in access to care and services can lead to or worsen burdens for family caregivers. The largest deficits in access to help for family caregivers are access to respite care — opportunities to have a break from the stresses of caregiving tasks — and finding resources that will educate them on how to properly manage care. Such resources can range from learning how to get some- one in and out of a wheelchair to legal assistance for creating end-of-life care plans, said Donna Beth, PhD, research associate professor of gerontology at the University of Southern California Davis School of Gerontology.

Filling such holes is paramount, as the number of available family caregivers may be dwindling. The pool of potential family caregivers is expected to drop from seven per adult today to four per adult by 2030, according to the Centers for Disease Control and Prevention. Despite that, the number of U.S. seniors ages 65 and older is estimated to climb to 71 million by 2050.

There’s a gap in having services that help with the emotional stress and strain — stress management programs, counseling for specific caregivers,” Benton told The Nation’s Health.

Health programs offering solutions

As the number of seniors who need care grows, there are programs across the country that are working to help family caregivers.

Based on their populations of seniors age 70 and older, states and territories can receive grant funding to create interventions for caregivers under the National Family Caregiver Support Program.

Participating states and territories in the program, administered through the U.S. Department of Health and Human Services Administration for Community Living, must provide services under five categories: information to caregivers about available services, assistance to caregivers in gaining access to services; individual counseling, organization of support groups and caregiver training; and supplemental services on a limited basis.

The flexibility of the program, which launched in 2000, allows for innovation in creating needed caregiver services, said Greg Link, MA, an aging services program specialist for the Administration for Community Living.

While it is up to states to determine the greatest needs, respite is the highest expenditure. Through the program, more than 67,000 caregivers received 6.2 million hours of respite care in 2014, Link said. Additionally, the program provided counseling and training for more than 125,000 caregivers in 2014 on a range of topics to help them in their role.

“Respite always is the service that is the most frequently requested,” Link told The Nation’s Health.

“The caregivers also need a lot of information and that’s vitally important — where to find services, what programs are available, information about health conditions — what they have themselves and the health conditions of their loved ones,”

In the Los Angeles area, the University of Southern California Family Caregiver Support Center has been a resource since 1989 for adults to meet those exact needs and more for caregivers who need to address their loved one’s health and their own.

“We help caregivers self identify, because most people don’t call themselves caregivers,” said Benton, who is the center’s director. “They’re a husband, wife, sister or brother and they’re helping out a family member.”

The center conducts outreach at places such as hospitals, health fairs and physician offices to find caregivers and inform them of its services, which span areas such as respite, education, training, legal services and emotional support. Resources include workshops on the basics of caregiving, stress management classes and retreats for caregivers who need a break from the demands of their role. Between in-person and remote services, the center serves nearly 4,000 people a year.

Public health advocates realize change is needed in workplace policies to address caregivers’ responsibilities. Respect a Caregiver’s Time is a coalition of over 40 businesses representing nearly 1 million U.S. workers that focuses on research and best practices to keep caregivers in the workplace.

Workplaces within the coalition have used strategies such as using technology to manage prescription refills for caregiver employees and using specially-adapted internet conferencing so caregivers can remotely join their loved ones’ doctors to reduce the amount of time away from work, said Drew Holzapfel, a convener of the coalition.

The organization is also a proponent of the use of flextime and telecommuting for caregivers. Businesses can expect a return of between $1.70 and $4.34 for every dollar invested in flextime, according to a joint report the coalition and AARP released in April.

“The key message can be, ‘Let’s just not hire caregivers,’” Holzapfel told The Nation’s Health. “They’re already in your workforce. You want them in your workforce — they are extremely valuable contributors. It’s critical that employers respond.”

For more information, visit www.caregiving.org.

— Natalie McGill

Photo by Sam Hodgson, courtesy The New York Times/Redux Pictures

John Rakis talks with Naomi Wallace, his mother-in-law, in October in New York. Rakis has spent more than $189,000 in less than two years for caregivers and other expenses. Family caregivers often pick up the bill for services for their loved ones.

Photo by Nicole Bangiaveno, courtesy The New York Times/Redux Pictures

Zoe Gussoff, left, cares for her mother, Helen Moses, at the Hebrew Home in August in New York City. Sixty percent of unpaid family caregivers in the United States are women.
ON THE JOB
News for the public health profession

National pain strategy, CDC opioid prescribing guide help providers

H a l t i n g  C a r e  C r i s i s  Board providers now have two new support documents they can use when helping patients with chronic pain manage their symptoms, while also working to combat the growing national opioid epidemic.


Chronic pain is a growing health concern in the United States, as an estimated 100 million American adults live with it. So, too, is rampant opioid abuse. More than 40 Americans die every day from prescription opioid overdoses, and prescribing and sales rates of opioids have quadrupled since 1999, according to CDC.

The guidelines list 12 recommendations for providers, including principles for improving patient care. They state that:
- nonopioid therapy is preferred for chronic pain outside of cancer, palliative and end-of-life care;
- when opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose; and
- providers should always exercise caution when prescribing opioids and monitor all patients closely.

Outlined within the 12 recommendations are tools to help providers determine when to start or continue patients’ opioid use; how to select the type, dosage and length of use when they are prescribed; and assessing risk and addressing the harms of opioid use.

CDC’s guidelines target primary care providers, who write nearly half of all opioid prescriptions, particularly those who work with chronic pain patients in outpatient settings. An estimated 20 percent of non-cancer patients who come to their doctors with pain symptoms or diagnoses receive an opioid prescription, according to the guidelines. This increased prescribing is a key component of the opioid epidemic, said Debra Houry, MD, MPH, director of CDC’s National Center for Injury Prevention and Control.

“For two decades, providers have been encouraged to treat chronic pain with opioids, often without enough training and support,” Houry told The Nation’s Health. “With an under-recognition of the risks of opioids and limited evidence of benefits of their long-term use for chronic pain, many providers have expressed growing concern about prescription opioid misuse and patient addiction. Balancing expected benefits and risks of opioid therapy can be challenging and these guidelines will help providers ensure the safest and most effective treatment for their patients.”

Houry said “the heart of the guideline” is the help that encourages providers and patients to talk about risks and possible benefits of prescription opioids for chronic pain, so they can work together on effective strategies to manage pain.

Also released March 18, the National Pain Strategy provides an outline for actions to improve pain care in the U.S. Federal officials announced the “roadmap toward achieving a system of care” in which all people receive care for pain that is appropriate for their situation, evidence-based and of the highest quality. The strategy offers recommendations for improving pain care in six key areas: population research, prevention and care, disparities, service delivery and payment, professional education and training, and public education and communication.

The strategy, released by the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services, specifically called on providers to support the development of a system of patient-centered integrated pain management practices, as well as reducing barriers to pain care and improving the quality of pain care for populations that are vulnerable, stigmatized and underserved.

Linda Porter, PhD, director of the National Institutes of Health’s Office of Pain Policy and co-chair of the Interagency Pain Research Coordinating Committee, which created the strategy, said that the strategy, while targeting providers, aims to ensure people’s pain is acknowledged and also treated appropriately.

To read the National Pain Strategy, visit www.iprcc.nih.gov. To read the CDC guidelines, visit www.cdc.gov/mmwr.

— Lindsey Walsheim

ON THE JOB IN BRIEF

Half of US benefiting from accreditation

More than 154 million U.S. residents, or nearly half the nation’s population, are now protected by accredited health departments, the Public Health Accreditation Board announced in March.

The March announcement coincided with the additional accreditation of 21 health departments and one integrated local public health system, which means the number of accredited public health agencies now tops 100. Since national accreditation began in 2003, 117 public health departments and one integrated system have achieved PHAB accreditation, which includes a rigorous assessment process using a uniform set of public health quality standards and measures.

“Surpassing the 100 mark demonstrates the field’s recognition of accreditation as a way to assure the public that their health department is doing all it can to protect and improve health,” APHA member Ray Nicola, MD, MHS, chair of PHAB’s Board of Directors, said in a news release. “Given the young age of our accreditation system, this milestone moves us nationally toward the tipping point where the public expects their state and local health department to meet national public health standards.”

For more information, visit www.phaboard.org.

New syringe funding guidance released

In support of a 2015 federal measure that lifted a longstanding ban on using federal funds for syringe services programs, the U.S. Department of Health and Human Services has released new guidance to help health officials navigate the funding process.

The guidance, released in March, offers information on how health agencies can request to use federal funds to start or expand syringe services with a goal of preventing new HIV and hepatitis cases. Agencies must first consult with the Centers for Disease Control and Prevention and provide evidence that their communities are experiencing or are at risk for substantial increases in hepatitis and HIV due to injection drug use.

While using federal funds to purchase sterile needles or syringes for illegal drug injection is still banned, agencies may be able to use federal funds to purchase HIV testing kits, to support syringe disposal services and provide naloxone to reverse the effects of an opioid overdose, among other services.

To download a copy of the guidance, visit www.aids.gov.

CMS launches new primary care model

In April, the Centers for Medicare and Medicaid Services launched its biggest initiative to date focused on transforming and improving primary care. Known as the Comprehensive Primary Care Plus model, the effort is designed to give physicians the flexibility to care for patients in a way they believe will result in the best outcomes and receive payment based on achieving results and improving care, rather than payment based on quantity of services provided. The new effort would include more than 20,000 providers and 25 million patients.

“By supporting primary care doctors and clinicians to spend time with patients, serve patients’ needs outside of the office visit, and better coordinate care with specialists, we can continue to build a health system that results in healthier people and smarter spending of our health care dollars,” Patrick Conway, MD, MSc, CMS deputy administrator and chief medical officer, said in a news release.

The new effort will help primary care providers better support patients with chronic diseases, better deliver hospital-based services, and more thoroughly engage patients and their families in their own care, among other measures.

For more information, visit http://innovation.cms.gov.

— Kim Krisberg

Tools to help health care providers better serve their patients with chronic pain while working to fight the U.S. opioid epidemic are now available from CDC and HHS.

Photo by Monkeybusinessimages, courtesy of Stockphoto
Therapists open care for American Indians, Alaska Natives

ORAL HEALTH, Continued from Page 1. Typically performed by dentists, and at the fraction of the cost, according to the American Dental Hygienists’ Association. Dental therapists are licensed middle providers in the oral health care team — similar to a physician’s assistant or nurse practitioner in primary care.

“It’s not business as usual: We’re changing the way dentists practice in their offices and clinics,” Jane Koppelmann, MPA, director of research in Children’s Dental Policy with the Pew Charitable Trusts, told The Nation’s Health. “We know that the beginning of decay is the beginning of a cascade of problems. Dental therapists are able to treat decay...and treat it in a cost-effective way.”

For many years, the United States did not train or license dental therapists, so communities that wanted to benefit from a therapist’s services had nowhere local to turn. So when the Alaska Native Tribal Health Consortium in 2004 introduced the country’s first dental therapist program, the first six therapists in the program were trained in New Zealand — the only country with substantial training programs for therapists, though dental therapists practice in many countries, said Robert Onders, MD, medical director of community and health systems improvement with the consortium. Because the consortium assumed responsibility for the operations of the majority of the Indian Health Service Alaska Area office’s programs in the late 1990s, it was able to make decisions about how to best care for the community’s health among members of the community themselves.

What was tried before the dental health therapists had not worked, and the numbers tribal communities face that. As of 2014, 43 percent of preschool-age American Indian children had tooth decay, compared to 11 percent of white children. In 1999, the last year the Indian Health Service surveyed American Indian adults on oral health, nearly 70 percent of the population ages 35 to 44 had untreated tooth decay, and 43 percent also had periodontal disease, according to the Pew Charitable Trusts.

Disparities continue to persist. On the Pine Ridge Reservation in South Dakota in 2011, 97 percent of adults had untreated tooth decay and 68 percent had gum disease, according to Pew. Among the general U.S. adult population that year, only 27 percent had untreated decay.

The reasons why AI/AN children have more tooth decay are not known,” according to an April 2015 IHS report, but it may be due in part to differences in bacterial, behavioral, sociodemographic and environmental risk factors. Alaska Natives are particularly in need: The Alaska consortium serves 180 village-based clinics, many in towns as small as 250 people, accessible only by plane.

“A therapist’s services, that was a crisis from access, (with) lots of factors that caused disproportional burden,” Onders told The Nation’s Health. “To have some sort of health care, behavioral care...there has to be someone in that community to provide that care.”

While many tribal communities are too small to support a full-time dentist, they could support a dental therapist — particularly if that therapist was a person from the community. Indian Health Service dental positions are historically vacant, a Pew spokesman said, and those who did serve typically did so for only two years before moving on to a different post.

The results seen in Alaska were encouraging: In a study published in 2015 in the International Journal of Circumpolar Health, therapists in the Alaska Dental Health Aide Program were found to be competent in their services, and people were happy with the care they received. The results encouraged other tribal communities around the U.S. to push forward for their own dental therapy programs.

“The important common denominator with dental therapy is that communities clearly recognize their need for a dental provider in their community, who knows their community — and are raising their voices to improve their oral health,” Alice Warner, PhD, MA, director of policy for the W.K. Kellogg Foundation, told The Nation’s Health. “The oral health crisis is not unique to Alaska, and we should learn from the tribes’ success, where more than 45,000 people now receive regular dental care and they are beginning to see cavity-free kids.”

In the lower 48 states, the Swinomish Indian Tribal Community, in Washington, is the first to launch its own dental therapy program, announced in 2015 and offering services at the start of this year. The Swinomish community tried for years to work with the state Legislature to license and fund mid-level dental care professionals — a requirement of the Indian Health Care Improvement Act, enacted as part of the Affordable Care Act — but each bill died before making it to a vote, said John Stephens, programs administrator for the Swinomish Indian Tribal Community.

“Tribes are sovereign, and they can actually do what they need to do to take care of their own,” Johnson told The Nation’s Health. “Finally, something’s happening. People are excited that the tribes are leading the way on this. My organization feels like we should be using every known, proven, common-sense solution and this is one of them.”

Johnson said the board is working with other tribal communities to launch their own dental therapy programs. Several federally recognized tribes in Oregon, for example, have launched a pilot program to train dental therapists within the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, as well as the Coquille Tribe of Southern Oregon. But unlike in Washington, the tribes in Oregon have gotten cooperation from the state Legislature. Senate Bill 738, which permits the Oregon Health Authority to approve one or more pilot projects relating to dental health, was signed into law in 2011.

Other states are still working for access. In New Mexico, tribal communities have been a big part of the push to get the state to consider licensing dental health care aides.

The important common denominator with dental therapy is that communities clearly recognize their need for a dental provider in their community, who knows their community — and are raising their voices to improve their oral health.
therapists. A bill before the state Legislature died before a vote in 2015, and was reintroduced, but tabled indefinitely, in January this year.

Tribal communities are facing resistance from a perhaps surprising source: dentists themselves. The American Dental Association sued the Alaska consortium when the state’s program first launched — and lost.

APHA supports dental health therapists, particularly among at-risk populations. In a 2014 policy statement, the Association noted that “DHATs have been used successfully in 42 other countries, including New Zealand for over 84 years.” It also pointed out that one study showed that “the quality of restorations placed by dental therapists was equal to, but more often better than” those done by dentists.

“Medicine has learned that for older people, getting regular exercise may be protective, helping them keep their cognitive abilities longer.” Researchers found that 90 percent of study participants reported light or no exercise, while 10 percent reported moderate to high-intensity exercise. Among those who showed no signs of memory or thinking problems at the start of the study, lower activity levels coincided with a decline in thinking skills over the following five years than those with higher activity levels.

Cancer survivors face financial struggles

Nearly 29 percent of U.S. cancer survivors report at least one financial difficulty that resulted from their cancer diagnosis or treatment, finds a study published in March in Cancer.

In analyzing data on more than 19 million cancer survivors from the 2011 Medical Expenditure Panel Survey, researchers found that 21 percent worried about paying large medical bills, more than 11 percent were unable to cover the cost of medical visits, more than 7 percent reported borrowing money or going into debt, and 1.5 percent had declared bankruptcy.

In addition, cancer survivors who faced such financial difficulties also reported lower physical and mental health-related quality of life, higher risk for depressed moods and distress, and were more likely to worry about their cancer returning.

In particular, declaring bankruptcy was associated with a 20 percent to 25 percent reduction in the quality of life, while worrying about paying big medical bills was associated with a reduction in quality of life of between 6 percent and 8 percent.

Study authors recommended that doctors consider cancer treatments that are less expensive but as effective, discuss treatment costs with patients and involve patients more fully in the decision-making process.

Partner’s death linked to heartbeat issues

Experiencing the death of a partner may increase a person’s risk for developing an irregular heartbeat for up to a year, a new study finds.

Published in April in Open Heart, the study found that the risk for irregular heartbeat — technically known as atrial fibrillation — is greatest among people younger than 60 and when the partner’s death was least expected. To conduct the study, researchers gathered data on more than 88,000 people newly diagnosed with an irregular heartbeat

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APHA to Major League Baseball: End tobacco use in baseball stadiums

ADVOCATES, Continued from Page 2

of maternal and child health populations in each state, territory and jurisdiction.”

In a March 21 letter to House and Senate appropriations leaders on labor, health and human services and education, APHA said the block grant serves as a valuable protection for at-risk populations, as well as reduces infant mortality.

As part of the Health Professions and Nursing Education Coalition, APHA also called on the legislators to allocate $524 million for HRSA’s Title VII and Tittle VIII programs. In a March 21 letter, the coalition noted that Titles VII and VIII are the only federally-funded programs that seek to improve the supply, distribution and diversity of the health professions workforce. Without proper funding, the coalition said, it could be impossible to meet the needs of the nation’s growing and increasingly diverse population.

As part of the Family Planning Coalition, APHA also called on the legislators to allocate $327 million for Title X family planning. In a March 15 letter, the coalition noted that Title X, which is the only source of dedicated federal funding for family planning services for underserved populations, is critical in protecting the health and lives of many women.

“Strong support for the program is incredibly important given that 4 out of 10 women who receive care at a Title X-funded health center consider it their only source of health care and six in 10 women consider it their main source of care,” the coalition noted. “Moreover, more than 4 million women and men access life-saving health care such as birth control, cancer screenings and testing for sexually transmitted infections through Title X health centers.”

APHA members can take action to encourage their representatives in Congress to support public health first. Visit APHA’s website and contact your legislators through an action alert to tell Congress to adequately fund federal public health programs at www.apha.org/advocacy.

APHA calls for no tobacco in baseball
APHA is urging Major League Baseball and the Major League Baseball Players Association to prohibit use of tobacco products at MLB venues. In a March 31 letter to MLB Commissioner Robert Manfred Jr. and Tony Clark, executive director of the Major League Baseball Players Association, APHA joined more than 30 other organizations in calling for an end to tobacco product use by players, managers, coaches, other personnel and fans at all major league ballparks. Supporters noted in the letter that smokeless tobacco, in particular, is still commonly used by players, and could have devastating effects on young fans, as well as the players themselves.

APHA and other advocates noted that two baseball greats recently became examples of the results of smokeless tobacco use. Hall of Famer Tony Gwynn died in June 2014 at 54 after fighting salivary gland cancer, which he attributed to his longtime use of chewing tobacco. In August of that year, pitcher Curt Schilling, 47, was treated for oral cancer caused by 30 years of chewing tobacco.

Prohibition on all tobacco use within baseball facilities will not affect what players can do in their personal lives, although they should be encouraged to quit using tobacco for their own health,” the letter, spearheaded by the Campaign for Tobacco-Free Kids, stated. “Baseball stadiums, however, are workplaces and public places. It is entirely appropriate to restrict the use of a harmful substance in such a setting. While players are on the job, they have a responsibility to set the right example for kids.”

So far, San Francisco, Boston, Los Angeles, Chicago, New York City and California have banned the use of tobacco products in their sports venues and stadiums.

APHA supports lead housing initiatives
APHA is showing its support for two federal programs that would make homes safer for children. In a recent letter, APHA, as part of the National Safe and Healthy Housing Coalition, called on Congress to support full federal funding, or $230 million, for the U.S. Department of Housing and Urban Development’s Lead Hazard Control and Healthy Homes and the Centers for Disease Control and Prevention’s Childhood Lead Poisoning Prevention Program in the fiscal year 2017 appropriations budget.

Fully funding the CDC program at $35 million would allow the program to expand its surveillance of childhood lead poisoning nationally.

The coalition urged Congress to restore the National Advisory Committee on Childhood Lead Poisoning Prevention. CDC disbanded the committee, the federal government’s only committee devoted solely to preventing childhood lead poisoning, in 2012. The coalition said it led the way to analyze the science to support improvements in identifying the risk of lower blood lead levels, according to APHA.

“HUD estimates that without its programs’ actions to control hazards in over 370,000 housing units, an additional 265,000 children would have been lead poisoned and included in CDC’s estimate of the number of young children with blood lead levels above 5 μg/dL,” the letter noted. “There are 24 million homes in the U.S. with significant lead-based paint hazards jeopardizing the health and development of millions of children. (But) we know how to address this problem.”

APHA urges Congress to fight tobacco risks
APHA has in recent months made several big pushes to protect the public from the health risks of tobacco.

In April 4 letters to House and Senate Appropriations leaders on labor, health and human services and education, APHA joined other public health organizations in calling for at least $210 million in appropriations for the Centers for Disease Control and Prevention’s Office on Smoking and Health in the 2017 fiscal year budget.

The letters, spearheaded by the Campaign for Tobacco-Free Kids, stated that maintaining the current fiscal year funding level would help the office continue its critical and successful projects, including the Tips from Former Smokers campaign.

The office also helps to fund states’ quitlines, which provide telephone-based counseling to help users give up tobacco and, in some states, provide tobacco cessation medications. It also gives funding and technical assistance to health departments in all states to help maintain and enhance tobacco prevention and cessation programs, and conducts research on tobacco use.

APHA also encouraged House and Senate appropriations leaders on the Subcommittee on Agriculture, Rural Development, the U.S. Food and Drug Administration and Related Agencies to support an authorized level of user fees for FDA oversight of tobacco products, and oppose efforts to restrict FDA’s authority under the Tobacco Control Act, in April 4 letters spearheaded by the Campaign for Tobacco-Free Kids and signed by dozens of public health organizations.

Last year, language was included in an agriculture-FDA appropriations bill that would have changed the so-called “grandfather” date for electronic cigarettes, cigars and other currently unregulated products now on the market, excluding them from oversight. The letters praised the legislators for not including the language in the budget, and urged them not to allow dangerous loopholes in the upcoming fiscal year budget.

The subcommittee adopted two amendments that would weaken FDA tobacco control and oversight.

Relatedly, APHA asked FDA to establish a national track and trace system for tobacco products. In an April 5 letter to Mitchell Zeller, JD, director of FDA’s Center for Tobacco Products, APHA joined other advocacy organizations in calling for a reduction in the illicit trade of tobacco products.

APHA also recently reached out to President Barack Obama on tobacco deeming rules in letters, and members of the Alcohol, Tobacco and Other Drugs Section advocated about tobacco on Capitol Hill while they were in Washington, D.C., for the Section’s meeting on April 4.

— Lindsey Wahovick

Take action on public health issues at www.apha.org/advocacy
RECOGNIZING 100 years of public health work in one night may seem like a challenge, but for the Utah Public Health Association, it was a once-in-a-lifetime honor.

During its annual Public Health Conference for Utah, UPHA held an April 11 gala in Salt Lake City to celebrate the APHA Affiliate's 100th anniversary with a look back at UPHA history and the work of members who have made significant accomplishments for Utah's public health. APHE Executive Director Georges Benjamin, MD, attended to deliver opening remarks, present awards to five distinguished UPHA leaders and read an APHA citation recognizing the Affiliate's achievements.

"It wasn’t all about the science," said Eric Edwards, MPA, MCHES a past UPHA president and member of the gala planning committee. "It was, 'Wow we've done great things and we have more to do.' We were there to enjoy each other's company and focus on some of the great things that have transpired and garnered the energy to do the same for the next 100 years."

The Utah Affiliate was officially founded May 19, 1916, by advocates from various backgrounds, including elected officials, physicians, clergy and state dignitaries, said Joyce Gaufin, a longtime UPHA member and former APHA president.

"We always talk about putting the public back in public health," Gaufin, who joined UPHA in 1977, told The Nation's Health.

"At the time of our formation, these partners were a huge part of our association. Over the years we became more and more about representing the people who worked in the field of public health. At this century mark, we’re at a point of wanting to expand and add more partners like elected officials, church leaders, people from other parts of our community."

One of those early members was Theodore Bruce Beatty, Utah's first state health officer, who worked with fellow UPHA members on public health issues of that era, including smallpox, diarrheal illnesses and tuberculosis. UPHA formed an early partnership with the state's American Lung Association branch to tackle the state's tuberculosis cases. Today UPHA's highest award is named for Beatty and given annually to a person dedicated to advancing Utah public health.

"I’m sure 100 years ago the people dealing with the challenges of TB would have thought that by 2010 there would be no TB," Gaufin said. "It was a huge public health effort to eliminate smallpox and yet TB is something that’s still there. One hundred years later, we haven’t dealt with all of the challenges we have at time."

Throughout the years, the Utah association has played a part in shaping and pushing for a public health infrastructure that best serves state residents. In late 1970s, UPHA played a major role in advocating for the Utah Department of Health to become a cabinet level position in which the director would report to the governor. After the department was finalized, UPHA member James Mason, MD, DrPH, became the first executive director of the state's health department.

Mason was one of five award recipients at the gala, receiving UPHA’s National Public Health Leader Award. Utah Affiliate leaders also recognized the need to grow and retain the state’s future public health workforce by drawing in students. While students would usually present papers and posters at the annual meeting, UPHA leaders took it a step further by launching a student assembly in 2011 within the association.

Today, there are about 50 student assembly members. But what has made a difference in sustaining UPHA for decades is having a leadership ladder in place, as well as experienced public health professionals who pay it forward in training and mentorship, Gaufin said. In the next 100 years, she hopes UPHA will grow not only in numbers but by diversity in backgrounds.

For more information about UPHA, visit www.upha.org.

— Natalie McGill

New Jersey Affiliate advises on climate
The New Jersey Public Health Association is helping a state university create an advisory group on the health effects of climate change.

As part of the Public Health Associations’ Collaborative Effort, the New Jersey association is advising staff at Rutgers, the State University of New Jersey, in creating the New Jersey Climate Change and Public Health Working Group.

Other members of the collaborative effort are the New Jersey County and City Health Officials, the New Jersey Local Boards of Health Association, the New Jersey Environmental Health Association, the New Jersey Society for Public Health Education and New Jersey Association of Public Health Nursing Administrators.

The working group, a subgroup of the New Jersey Climate Adaptation Alliance, is focused on building public health considerations into the conversation on climate change, said Kevin McNally, MBA, NJPHA president.

"It’s the whole principle of ‘think globally, act locally,’” McNally told The Nation's Health. "Everybody got quite a wake-up with Hurricane Sandy because we hadn’t had a big hurricane in a lot of years."

The working group is developing a report about the public health impacts of climate change in New Jersey, which should be completed by the end of the year, McNally said.

Iowa Affiliate begins first mentor program
A new Iowa Public Health Association program aims to prepare people new to public health or in new roles in their public health career through the guidance of experienced professionals.

The IPHA Mentorship Pilot Program, which launched in summer 2015, matches IPHA members who are new and mid-career public health professionals with members who have spent decades in public health.

IPHA members identified the mentoring program as a need with the increasing number of retirements in the state’s public health workforce, said Jeneane Moody, MPH, IPHA’s executive director.

"We found there was quite a demand to be mentored as a new administrator of a public health agency,” Moody told The Nation’s Health. "There are a lot of new administrators at local public health agencies at a time when local public health is changing dramatically."

To gauge interest in being a mentor and mentee, IPHA sent out a member survey and asked about their career in public health and practice area. The association, which matched nine pairs in the first cohort in November, also curated a guidebook for pairs to use.

An evaluation of the first cohort was in progress as of April and a second cohort will launch in the fall, Moody said.

New Hampshire folds in research group
A New Hampshire research group is now the state public health association's newest specialty member group.

The New Hampshire Research and Evaluation Group now falls under the umbrella of the New Hampshire Public Health Association.

The APHA Affiliate took over task management for the group, which is a home for state researchers and evaluators to collaborate on data collection, learn new skills and get feedback on projects.

Having a specialty group has been a long-term goal for the New Hampshire Public Health Association, said Katie Robert, MPA, NHPHA president.

Members of the group will now have dual membership in both the New Hampshire Research and Evaluation Group and the New Hampshire Public Health Association.

The move also means more research-centered professional development opportunities for New Hampshire Affiliate members.

— Natalie McGill
**GLOBE IN BRIEF**

**Obesity climbs higher than underweight rate**

Worldwide, more people are now obese than underweight, with obesity numbers rising from 105 million in 1975 to 641 million in 2014, finds a study published in *The Lancet*. 

According to the study, the proportion of obese men has more than tripled in the past 40 years and the proportion of obese women has more than doubled. Within the same time period, the proportion of people who are underweight fell by about a third among both men and women. If the rate of obesity continues, the study estimated that 18 percent of men and 21 percent of women worldwide will be obese by 2025.

Almost a fifth of the world’s obese adults live in just six high-income countries: Australia, Canada, Ireland, New Zealand, the United Kingdom and the U.S. Over a quarter of the world’s severely obese people also live in those six countries.

Still, researchers emphasized that low body weight remains a serious public health issue. In central and east Africa, more than 12 percent of women and 15 percent of men are underweight.

The study is based on data from nearly 1,700 population-based studies, surveys and reports that cover more than 19 million adults from 186 countries.

**Water costs hitting world’s poorest hardest**

The world’s poorest residents often spend the most on safe drinking water, according to a March report from WaterAid. 

The report found that a typical water bill in developed countries can be as little as 0.1 percent of the income of a person who earns the minimum wage. However, in a country such as Madagascar, a person might spend as much as 45 percent of her or his daily income on water just to receive a minimum daily supply. Papua New Guinea was tapped as the worst country for household access to clean water, with poor families often forced to spend more than half of their incomes on water. India, China and Nigeria have the highest numbers of people waiting on clean water access, while Cambo dia, Mali and Ethiopia have made the greatest progress in improving water access. Globally, about 650 million people still live without access to clean water and more than 2.3 billion people do not have access to basic sanitation. 


**Billions lack access to safe surgical care**

Rich nations must work alongside low- and middle-income nations to improve access to safe and affordable surgery, according to an international blueprint for action.

The blueprint, which was published in April in *BMJ Global Health*, noted that 5 billion people worldwide lack access to safe, affordable surgical care when needed. Surgical conditions make up nearly a third of the world’s total burden of disease. The need for better surgical conditions is most acute in the poorest countries, where just 6 percent of all surgical procedures occur. Among the blueprint’s many recommendations are to form academic partnerships between researchers in high-, middle- and low-income nations; make surgery a critical part of health system donor funding; and encourage the biomedical devices industry to develop low-cost surgical innovations.

— Kim Krisberg
The University of Texas School of Public Health

Two Senior Behavioral Scientists

The University of Texas School of Public Health (UTSPH) invites applications from senior investigators in behavioral sciences (e.g., sociology, psychology, social psychology) to fill two 12-month tenure-track faculty positions at the tenured Associate or Full Professor level at the UTSPH Houston Campus in the Texas Medical Center. More information on the Department of Health Promotion and Behavioral Sciences is available on our website http://www.sph.uth.edu/divisions.

Qualifications include: (1) earned doctorate (Ph.D., Dr.PH., M.D., etc.) with a focus in behavioral sciences; (2) commitment to excellence in teaching and advising graduate students; (3) evidence of both substantive and collaborative research accomplishments including NIH funding and an established research program; (4) evidence of national recognition in their field; and (5) excellence in written and oral communication skills.

We encourage applicants whose research interests are focused on mental health, substance abuse, and health promotion broadly defined. Applicants who focus on behavioral epidemiology or community intervention are encouraged to apply, as are scholars who focus on health disparities or social determinants of health. We are interested in recruiting outstanding research scholars, and the compensation package will be highly competitive.

UTSPH has six campuses spread across the state, two of them on the Texas-Mexico border, enrolling 1,400 graduate students. The School has over 150 faculty across the six campuses. There are also a number of large research centers. Collaboration across departments, centers and campuses is encouraged and common. The University of Texas and the State of Texas have large grant funding mechanisms available in addition to the usual sources such as NIH, NSF and CDC.

Texas has a large, diverse population, not only in its large metropolitan areas, but along the Texas-Mexico border. Opportunities exist for cross-cultural and cross-national research. The successful candidate will have an opportunity to build a strong research group.

The University of Texas School of Public Health is located within the Texas Medical Center (www.texmedctr.tmc.edu). There are 46 institutions that make up the Texas Medical Center. Opportunities for research and collaboration are outstanding. Houston is the fourth largest city in the United States and boasts a strong economy with a relatively low cost of living (www.houstontx.gov).

Review of applications will begin immediately and continue until the positions are filled. Academic rank, salary, and tenure will be determined by the qualifications and experience of the candidate. Interested candidates should access the following link to complete the web application: https://jobs.uth.tmc.edu/applicants/Central?quickFind=102326.

Please attach a letter describing qualifications and interests, curriculum vitae, and contact information for three professional references to the web application. Address any questions to: Robert E. Roberts, Ph.D., Chair, Behavioral Sciences Search Committee. Phone: 210-276-9023, FAX: 210-276-9032, email: Robert.E.Roberts@uth.tmc.edu.

The University of Texas Health Science Center at Houston is an EEO/AA employer. M/F/D/V. Minorities and women are strongly encouraged to apply. This is a security-sensitive position and thereby subject to Texas Education code §51.215. A background check will be required for the final candidate.
Join the movement

Throughout the month of July, celebrate with APHA our certain unalienable Rights, that among these are Life, Liberty and the pursuit of Healthiness.

Donate Today
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For more information on making a donation to APHA, contact development@apha.org or call 202.777.2486.

APHA is a 501(c)(3) organization. Your donation is tax deductible to the fullest extent of the law.
Disease outbreaks increasing in wake of vaccine refusals

HEALTH FINDINGS, Continued from Page 25

as well as about 886,000 healthy people. They found that the risk of developing an irregular heartbeat for the first time was 41 percent higher among people who had lost a partner than among those who had not experienced such a loss. The risk was greatest in the two weeks following a partner's death.

The study also found that people whose partners seemed healthy in the month before the death were 57 percent more likely to develop an irregular heartbeat. No such increased risk was found among people whose partners were not healthy and in which the death was not unexpected. "Irregular heartbeat is a risk factor for stroke and heart attack. "The loss of a partner is considered one of the most severely stressful life events and is likely to affect most people, independently of coping mechanisms," the study stated.

Vaccination refusals increased outbreaks

Vaccine refusals have fueled recent outbreaks of measles and pertussis in the U.S., researchers report.

In a study published in March in the Journal of the American Medical Association, researchers concluded that a substantial proportion of U.S. measles cases reported since 2000 — the largest statewide epidemics included an unvaccinated population of between 24 percent and 45 percent. Among eight of the pertussis outbreaks studied, between 59 percent and 93 percent of unvaccinated people were unimmunized on purpose. However, the study found that pertussis outbreaks occurred among unvaccinated populations as well, which points to waning immunity.

Caffeine linked to miscarriage risk

Consumption of caffeinated beverages among both men and women in the weeks before conception may increase the likelihood of miscarriage, according to a study published in March in Fertility and Sterility.

In analyzing data from the Longitudinal Investigation of Fertility and the Environment, which included more than 500 couples from Michigan and Texas, researchers found that a woman is more likely to miscarry if she and her partner drink more than two caffeinated beverages a day in the weeks leading up to conception. In addition, women who drank more than two daily caffeinated beverages during the first seven weeks of pregnancy were also more likely to miscarry.

However, the study found that women who took a daily multivitamin before conception and through early pregnancy were less likely to miscarry than women who did not. In particular, women who took a multivitamin during the preconception period faced a 55 percent reduction in the risk of pregnancy loss, while women who continued taking the vitamins during pregnancy experienced a risk reduction of 79 percent.

Walkable places lead to greater exercise

People who live in neighborhoods built for physical activity benefit from 90 minutes more per day, according to a study published in April in The Lancet.

In examining data on nearly 7,000 adults from 14 cities in 10 countries, researchers found that, on average, people participated in 37 minutes of moderate to vigorous physical activity per day. Among the most walkable areas, Baltimore had the lowest average rate of physical activity, while Wellington, New Zealand, had the highest rate.

The four neighborhood features most strongly associated with increased physical activity were high residential density, number of intersections, number of public transportation stops and number of parks within walking distance.

The difference in physical activity between residents with high and low walkability ranged from 68 minutes to 89 minutes.

As part of their response to rising levels of noncommunicable diseases, public health agencies should work with urban planning, transport and parks and recreation sectors towards making cities more activity-friendly than they are today, lead author James Sallis, PhD, a professor in the Division of Global Health at the University of California-San Diego’s Department of Medicine and Public Health, said in a news release.

Hearing loss linked to high medical costs

Middle-aged adults with hearing loss often experience higher health care costs than those without such hearing problems, according to a new study.

In the study of privately insured people ages 55 to 64 with a diagnosis of hearing loss, researchers found that people with hearing loss had 33 percent higher health care payments during a year-and-a-half period than those without hearing loss. The study, which included data on more than 561,000 people, was published in April in JAMA Otolaryngology-Head & Neck Surgery.

“Fisztfinding indicates that negative health-related effects of hearing loss, a condition that many consider simply an unavoidable result of aging, may be a greater risk than any social recognition and may affect use of health care across the continuum of care,” the study stated.

US life expectancy varies by income

While the connection between income and life expectancy is well established, a new study finds that life expectancy among people living in poverty varies substantially across the U.S.

In the first study of its kind, researchers examined anonymous death data from the Social Security Administration and 1.4 billion individual tax returns from 1999 to 2014 to determine the differences in life expectancies across the nation.

The study found that being richer was associated with living longer at every level of income distribution, while inequality in life expectancy between the rich and poor widened throughout the 2000s.

For example, at age 40, the richest men could expect to live to 87, while those in the bottom 1 percent could expect to live to about 72, which is equal to average life expectancy in Sudan.

People with high incomes gained about three years of life expectancy from 2001 to 2014, while the poorest experienced little or no improvements in life expectancy.

The study, published in April in the Journal of the American Medical Association, also found that life expectancy among the poor varied widely according to location. For example, men in the bottom 5 percent of income distribution and who live in New York City can expect to live five years longer than men in the bottom 5 percent who live in Gary, Indiana.

Overall, researchers found large differences in life expectancy among the poor across geographic areas, but very small differences among the rich.

People with low incomes had significantly longer life expectancies in California, New York, and Vermont.
Exercising with your kids creates long-lasting health

By Natalie McGill

As a parent, the bond between you and your kids is special. Whether you’re looking for new ways to connect or to strengthen that bond, exercising with your kids is a fun way for your family to get closer. It also sets up your kids for a lifetime of healthy habits.

Parents can model healthy physical activity behaviors by exercising with their children, says Charlotte Pratt, PhD, RD, a nutritionist and health scientist at the National Heart, Lung and Blood Institute. Additionally, parents who exercise with their kids can get a closer look at their motor skills, balance and how well they play, she says.

“It’s also very enjoyable when you do things together as a family,” Pratt says. “Some studies have shown that physically active children are more likely to engage in health-promoting behaviors, such as not smoking.”

Some of the health benefits for you and your kids when you exercise together include better cardiovascular fitness, improved blood pressure and a potential lower risk of obesity. Pratt says about 17 percent of U.S. kids and adolescents — nearly 12 million — are overweight or obese. But parents may also see a boost in their kids’ morale, she says.

“Children see their parents and caregivers as role models,” Pratt says. “Playing with them and being active with them helps build their self-esteem and confidence.”

If you’re a parent looking for ways to engage your kids in physical activity, consider making a family activity calendar that includes all the ways you and your kids can fit exercise into everyone’s daily routine, according to the institute. To get the most benefits, kids age 6 and older should exercise at least one hour a day, according to the Physical Activity Guidelines for Americans.

“It doesn’t have to be a whole 60 minutes in one stretch,” Pratt says. “It can be a half hour in between. Parents can do that with their kids five days of the week.”

For outdoor activity, take your kids for a walk or bike ride together around the neighborhood, play basketball or swim, Pratt says. Even gardening, shoveling snow and doing yard work together can be ways to get moving while getting fresh air.

You can also motivate your kids by making fitness into a safe and fun competition, according to the institute. Compete to see who pulls the most weeds or who makes the most baskets from the three-point line. And you and your kids can team up with others to exercise.

“Other outdoor activities include organizing neighborhood soccer and basketball games where parents and caregivers can participate with kids outdoors,” Pratt says. Make sure there are some types of activity to do indoors when going outside isn’t a possibility. Options include climbing stairs, indoor cycling or walking inside a mall.

There are plenty of activities to get muscles moving together inside your home. Jump rope inside with your kids or play table tennis. Plan a dance party with your kids or clean with music playing. Get creative with indoor bowling, scavenger hunts or a furniture obstacle course.

Staying safe while staying physically active together

While being active with your kids is usually a plus, it can be a minus if you’re not prepared to do it safely.

It’s important to use the right equipment for the right activity. Make sure to wear the proper shoes with the right insoles, Pratt says. And when you bike with your children, make sure to not only wear helmets, but secure them properly for yourself and your kids.

“To really avoid injuries, when you’re going on a hike, for example, in rugged places, you can use walking poles,” Pratt says.

Before starting an activity, assess all the risks to both you and your children and take precautions. That can include using bug spray with outdoor activities or keeping chemicals and sharp tools away from kids while gardening.

It’s also important for you and your kids to stay hydrated during exercise, Pratt says.

For more exercise tips for you and your kids, visit www.nhlbi.nih.gov

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