More than 12,000 health professionals attend APHA’s 2017 Annual Meeting and Expo

APHA’s 2017 ANNUAL MEETING and Expo convened in Atlanta to help move communities forward in the race to prepare for, adapt to and prevent the health effects of climate change.

About 12,000 public health professionals from around the world — public health workers, students, teachers, advocates, scientists and supporters — traveled to the Georgia capital for the Association’s Annual Meeting, which ran Nov. 4-8 and had a theme of “Creating the Healthiest Nation: Climate Changes Health.” The 2017 Annual Meeting represented the capstone of APHA’s Year of Climate Change and Health, which worked to bring human health concerns to the forefront of national climate change discussions and help public health workers do the same locally.

The Annual Meeting’s hundreds of sessions and events ran the gamut on climate change, from the latest science on its health risks to the innovative climate work now happening inside state and local public health agencies. But regardless of the particular topic, one major thread weaved its way throughout much of the meeting’s climate discussions: the relationship between climate change, environmental justice and health equity.

Eriel Tchekwie Deranger, an indigenous activist, discussed climate change, health equity and environmental justice as keynote of APHA’s Annual Meeting opening session.

In addition to scientific sessions, APHA’s 2017 Annual Meeting and Expo featured dozens of poster presentations.

APH A’s 2017 Annual Meeting and Expo

Public health, planning come together to create healthier communities

PUBLIC HEALTH workers and planners often overlap in their goals: promoting safety, enhancing accessibility and evaluating the impact of the built environment on community health and well-being. But despite the common ground, public health and planning do not regularly work together.

“Planners care about healthy communities and are thinking about healthy, vibrant places, but don’t always have the lens of health as their first step,” APHA member Elizabeth Hartig, MA, project associate at the American Planning Association, told The Nation’s Health.

Conversely, a planner is not necessarily the first per...

See APHA 2017, Page 16

Plan4Health

See PLAN4HEALTH, Page 12

Measuring climate change’s health effects

Resolving to be healthy: Make plans to get fit, eat right  

Visit The Nation’s Health website for online news on:  
- HPV education and students  
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Full issue online Jan. 2  
www.thenationshealth.org

2017 Annual Report shares APHA actions to defend public health

APHA’s commitment and resolve to defending the right to health as well as the public health workers who protect and promote that health was on full display in the last year, as chronicled in the Association’s 2017 Annual Report. “We have stepped up to lead this year,” wrote APHA Executive Director Georges Benjamin, MD, in the report’s opening letter. “At each turn — with hard-fought public health gains on the line — APHA has spoken out and taken aggressive action. Our leadership has helped to stave off threats, galvanize opposition and lessen the impact of otherwise harmful decisions.”

The Annual Report, released at APHA’s 2017 Annual Meeting and Expo in November in Atlanta, covers the year’s top accomplishments, from legislative wins to new policies, and provides updates on ongoing APHA partnerships and initiatives. For example, in the advocacy arena, the report covered APHA’s dogged defense of the Affordable Care Act and the Prevention and Public Health Fund as well as its opposition to new abortion restrictions and the federal travel ban.

A highlight of the 2017 Annual Report is coverage of APHA’s Year of Climate Change and Health, which culminated with the recent release of APHA’s 2017 Annual Meeting and Expo in Atlanta, organizers announced that NPHW 2018 — to be held April 2-8 — will focus on “Healthiest Nation 2030: Changing Our Future Together.” Led by APHA, the weeklong event celebrates and recognizes contributions of public health.

Every year, the Association develops a national campaign to educate the public, policymakers and practitioners about issues related to each year’s theme. This year is no different, with efforts underway to help make the U.S. the healthiest nation in one generation.

“NPHW has long been celebrated as a way to highlight all of the good work public health has done, and this year is no exception,” said Melissa McNeily, APHA’s director of Affiliate affairs and coordinator of the Association’s work on NPHW. “But we also need to look to the future — especially when we know the things we do today can have impact for years to come. We’re setting the groundwork this year for building healthy, strong and safe communities, and we’re urging everyone to join us.”

Public health workers, students and advocates can get involved now. The NPHW website, www.nphw.org, is newly revamped and loaded with fact sheets on a wide range of topics, from social justice to economic mobility, that affect people’s health. It also holds information on this year’s Billion Steps Challenge, which kicks off Jan. 1. To sign up for a team — or start one — visit www.nphw.org.

NPHW’s weekday activities have also been announced, so communities can start planning their own local events now. The themes are:
- Monday, April 2: behavioral health, focusing on and advocating for improved access to mental and behavioral health services;
- Tuesday, April 3: communicable disease, outlining simple steps, from hand-washing to HIV status awareness;
- Wednesday, April 4: environmental health, in which advocates will continue the work set by APHA’s Year of Climate Change and Health in 2017;
- Thursday, April 5: injury and violence prevention, including funding, advocacy and policy support for everything from worker safety to addiction prevention and treatment; and
- Friday, April 6: ensuring the right to health, in which advocates will show how the places people live, learn, work and play should promote health, not threaten it.

A toolkit is available online for communities and organizers. Public health leaders will also want to mark their calendars for this year’s NPHW Twitter chat, scheduled for 2 p.m. Eastern on Wednesday, April 4. The Twitter chat will bring together hundreds of passionate advocates to talk about the importance of public health, both during National Public Health Week and throughout the year. For more information and resources, visit www.nphw.org.

Photo courtesy EZ Event Photography

— Lindsey Wasiewski

The National Public Health Week booth attracts a visitor at APHA 2017. This year’s NPHW celebration will be April 2-8.

APHA boards, committees seeking new members

APHA members who want to serve in leadership roles in the Association are now being sought. APHA’s boards and committees, which address a range of public health and Association issues, are seeking new members. More than a dozen groups are in need of new leaders. A list of open positions, as well as information on duties, requirements and time commitments for each group, is available online. APHA members can nominate themselves or others. APHA’s boards and committees include student members, who serve one-year terms. The deadline for nominations is Friday, June 15.

For details, visit www.apha.org/leadership-appointment. For more information, email governance@apha.org or call 202-777-2442.

Nominations now being accepted for APHA’s elected officers

APHA members interested in being considered for the Association’s highest offices are being encouraged to come forward. APHA will hold elections in 2018 for its president-elect, honorary vice presidents and positions on the Executive Board. Find information on APHA officer duties and responsibilities, as well as nomination details, at www.apha.org/nominations-committee.

The deadline for officer nominations is Friday, April 20. For information on the elections, email governance@apha.org or call 202-777-2442.

— Michele Late

Photo courtesy EZ Event Photography

— Kim Krisberg
VITAL SIGNS
Perspectives of the president of APHA

Acknowledging our challenges, priorities while giving thanks

As your new APHA president, I want to thank you for electing me. It is a blessing, privilege and honor to have this opportunity to serve our Association and the broader health community. This once-in-a-lifetime opportunity comes at a time that will test all of us.

We face challenges to our passions, beliefs and abilities as we work to make health an accessible reality for everyone. We are engaging people at all levels in our society so that they understand health is not just a right, but a civil right. To achieve this understanding requires that we who are in positions of leadership guarantee that everyone is represented and heard.

Based on our history, values and practices, I believe we will do more to meet these challenges than those that exist and those to come. My columns here in The Nation’s Health will focus on five solution-based priorities that will allow us to meet these challenges and sustain our success.

The first priority involves our ability to address issues of social, economic and health inequities. We will define what is most needed to make the contributions that influence health and well-being. We will use evidence-based advocacy to demand a socially equal society.

The second priority involves our capacity to increase the educated and trained workforce. We will address solutions for the critical challenges faced by public health workers, which will mean guaranteeing quality development and capacity-building.

We will also strategically engage those in the training pipeline so that we can strengthen and retain our health professionals.

The third priority involves increasing our membership, both in general and through our state and regional affiliated public health associations. We must work with our partners to ensure that membership in APHA and our Affiliates is accessible for everyone.

The fourth priority involves sustaining and building a strong and diverse leadership pipeline within APHA. We must have organizational structures in place to ensure there is a highly functional, involved and well-trained cadre of future public health leaders.

The fifth priority involves working with diverse people and groups that may or may not share our points of view.

We must find common ground as we work on solutions to social and health issues that affect us all. It requires that we participate collaboratively with anyone who desires to care for those in need, and to reduce structural and social inequities.

In the year to come, I want to hear your take on these five priorities or others that are important to you as an APHA member. You have my word that I will do my best to consider your valued input as I compose future columns.

In closing, I leave you with a quote from Booker T. Washington, who stated in his autobiography that “Success is to be measured not so much by the position that one has reached in life as by the obstacles which he has overcome while trying to succeed.”

— Joseph Telfair, MHS, CHES, APHA president

APHA Executive Board candidates — including Deanna Washington, left, who was elected by voters — address the Governing Council at the Annual Meeting in Atlanta.

APHA’s next president will be Pamela Aaltonen, PhD, RN, Association members decided in November.

The Association’s Governing Council chose Aaltonen as APHA president-elect during its session at APHA’s 2017 Annual Meeting and Expo in Atlanta. Aaltonen is an associate professor and the associate head of Purdue University’s School of Nursing. She will serve one year as president-elect before assuming the presidency.

The Governing Council additionally elected four Executive Board members: Donna Beal, MPH, MCHES; Eldonna Chesnut, MSN, RN; Catherine Trusli, PhD, MS; and Deanna Washington, MD, MPH, FAAFP. Linda Rae Murray, MD, MPH, FACP, was elected speaker of the Governing Council.

In other elections, Claude Betts, MD, MPH, MBA, was elected vice president for Latin America and the Caribbean; Suzanne Jackson, PhD, MSc, was elected vice president for Canada; and Boris Lushniak, MD, MPH, was elected vice president for the United States.

Governing Council members also elected three members to the APHA Nominations Committee, which develops the slate of candidates for APHA’s annual elections. The newly elected members are Durrell Fox, CHW; Teresa Garrett, DNP, RN, APHN-BC; and Krista Mincey, DrPH, MPH. Catherine Cooksley, DrPH, MPH, was appointed by APHA’s president as the new committee chair.

APHA seeks abstracts for 2018 Annual Meeting in San Diego

APHA’s 2017 Annual Meeting and Expo may have just wrapped, but it is not too soon to start thinking about this year’s event in San Diego: The Association is now accepting abstracts for the 2018 meeting.

To be held Nov. 10-14, the Annual Meeting will have a theme of “Creating the Healthiest Nation: Health Equity Now.” Presenters are encouraged to share information related to the theme, but abstract submissions are welcome on all areas of public health. The call for abstracts opened Dec. 18.

“There is no more prestigious event to present at on public health than APHA’s Annual Meeting,” said Donna Wright, APHA’s manager of scientific session development.

Program planners from APHA’s Sections, Special Primary Interest Groups, Student Assembly, Forums and Caucuses will select the presentations that will be offered during the Annual Meeting’s scientific sessions.

Deadlines for abstract submissions vary by APHA group, but all fall limited to 250 words and learning objectives are required. Submissions are welcome for both scientific and poster sessions.

Anyone can submit an abstract, but presenters must become APHA members and register for the Annual Meeting if their abstracts are accepted. Abstracts are accepted through the online submission form on the APHA website.

Presenters will be notified by email June 1 if their abstract has been accepted. For more information on abstracts, visit www.apha.org/annualmeeting or email annualmeeting@apha.org.

— Michele Late

J A N U A R Y 2 0 1 8 ❖ T H E N A T I O N ’ S H E A L T H ❖ 3
Attendees at APHA’s 2017 Annual Meeting and Expo in Atlanta share their thoughts
What do you look forward to, or what is your favorite part of, the APHA Annual Meeting?

Monique Brown, PhD, MPH, Tampa, Florida
“Sharing the research that I’ve done. My focus is on HIV and social-behavioral health. I also look forward to networking with my colleagues, and to learning more from what other people are doing.”

APHA member Yasha Gharianian, MS, CHES, Washington, D.C.
“The tobacco cessation posters. I learned something new at every poster, even though this is something I do every day. Meeting people who are passionate about what I’m passionate about is really cool.”

Terrill Flakes, MPH, Waynesboro, Georgia
“Just being able to help students understand what we can do about climate change. You think of climate change as huge, global — my itty-bitty self can’t do anything about it — but we can.”

Dustin Knight, MPH, Ringgold, California
“The exhibitions and the poster presentations, the diversity of everyone’s research and where they’re leading and taking that research and driving that positive change.”

Melissa Varga, Washington, D.C.
“The summit on climate change and justice. It was really fantastic. The energy in the room because of the different perspectives, people making connections. It was a lot of fruitful discussions.”

How are you addressing climate change in your professional and personal life?

APHA member Diana Bontá, DrPH, RN, Long Beach, California
“...serve on a board that deals with water issues, so through that effort I’ve been able to help them fluoridate the water supply and (I’ve been working) in environmentally related issues through this water company.”

Sheila Mckinney, Dania Beach, Florida
“I’m being more responsible about my driving patterns and driving behavior, trying to cut down on the amount of the carbon footprint that I’m putting into this environment, like needlessly driving around in my car.”

APHA member Harold Neighbors, PhD, Flint, Michigan
“In my professional life, I’m actually using climate change as a case example for my students about how evidence doesn’t always have an impact on policy.”

Jamel Russell, MPH, Chicago
“In a lot of ways, I am always addressing it, because I am a return Peace Corps volunteer and an MPH. In the Peace Corps, they always taught us how to reduce our waste. Because of that experience, I feel conscientious.”

Melissa Varga, Washington, D.C.
“The summit on climate change and justice. It was really fantastic. The energy in the room because of the different perspectives, people making connections. It was a lot of fruitful discussions.”

Interviews by Julia Haskins, Michele Late, Lindsey Wadowaik and APHA TV

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APHAs 2017 Annual Meeting and Expo in Atlanta celebrated the theme of “Creating the Healthiest Nation: Climate Change Health.” As the meeting was the capstone of the Year of Climate Change and Health, it may come as no surprise that APHA took steps to make the meeting itself a greener, healthier place to be.

The first step was location: The Georgia World Congress Center is LEED-certified and 27 percent more energy efficient than the average industry facility. Because the meeting was centered at the Georgia World Congress Center and nearby Omni Hotel in downtown Atlanta, the need for buses to and from hotels was eliminated. Attendees could walk or use public transportation at the nearby MARTA station to get around town.

There was more motivation to get around by foot: APHA’s third Annual Meeting Steps Challenge offered prizes to the walker and runner who logged the most miles. During the three-day challenge, attendees reported 5.4 million steps.

Looking to reduce resources — as well as the weight in people’s bags — APHA also shortened its final printed program, which was issued on Forest Stewardship Council-certified, 30 percent post-consumer recycled paper using soy-based ink. Some attendees chose to forgo the printed program entirely, using the new Annual Meeting app to plan their schedules. Others chose to purchase access to the meeting through APHA Live, a no-travel opportunity to see the meeting’s highlights.

Three fact sheets were issued to help attendees and other public health advocates be more climate-friendly before, during and after the meeting as well. They are available at www.apha.org/annualmeeting.

Taking climate efforts further, at the Annual Meeting’s opening session on Sunday, Nov. 5, Executive Director Georges Benjamin, MD, announced that APHA had divested all of its fossil fuel investments.

In the meeting’s opening session on Sunday, Nov. 5, Executive Director Georges Benjamin, MD, announced that APHA had divested all of its fossil fuel investments. APHA members Adelle Houghton, AIA, MPH, and Denise Patel, MPH, commended the Association for its steps to “walk the walk” in approaching climate change in a Nov. 8 op-ed on Nexus Media.

“As guardians of health and leaders in health policy, APHA’s divestment from fossil fuels represents the kind of bold leadership we need to stem the regressive politics of the Trump administration and address the health impacts of fossil fuels,” they wrote. “By embracing the Year of Climate Change and Health, APHA has demonstrated how public health professionals can truly put policy into practice. We should all follow their lead.”

For more information, visit www.apha.org/ climate. — Lindsey Wahowick

**JOURNAL WATCH**

Highlights from a supplement of APHA’s American Journal of Public Health

In a study published online in October in AJPH’s climate change supplement, researchers calculated the association between the sector’s greenhouse gas emissions and their impact on disability-adjusted life years, which is a way of expressing overall disease burden via number of years lost to ill health, disability or premature death. Based on 2013 emission numbers, researchers estimated that greenhouse gas emissions from the U.S. health care sector will cause an additional 123,000 to 381,000 disability-adjusted life years annually.

The largest potential health damages were due to malnutrition, which the study authors said will have a particularly big impact on regions with large populations and agricultural areas situated on floodplains or lacking irrigation, such as in much of Africa and parts of Southeast Asia. Increased incidence of diarrhea and malaria were also main contributors to the loss of healthy years, as climate change is expected to increase the duration of warm seasons as well as the geographic range of disease vectors.

“Using health damage factors to project the potential impacts of these emissions on public health helps to translate the sometimes abstract issues of climate change and environmental sustainability to metrics that are familiar to health care professionals,” the study stated. “National health care sector emission disease burden could serve as a new global health metric, and development of methods for international comparisons are underway.”

**Greening urban heat islands beneficial**

Greening urban areas can have positive impacts on heat-related deaths, according to a recent study in AJPH.

Published online in October in the journal’s climate change supplement, the study examined the impact of the urban heat island effect in Ho Chi Minh City, Vietnam. The urban heat island effect, a problem expected to worsen due to climate change, describes a phenomenon in which an urban area is significantly hotter than its surrounding rural areas due to differences in land use and building characteristics that retain heat, such as impermeable surfaces and fewer cooling features.

In examining meteorological conditions in Ho Chi Minh City from 2010 to 2013 as well as heat-related mortality data, researchers found that the mean average temperature of the city’s central area was hotter than its outer areas. Overall, researchers estimated that the number of deaths due to the urban heat island effect accounted for 30 percent of total heat-related deaths in Ho Chi Minh City during the study period. ■

— Kim Krisberg

For research and podcasts from AJPH, visit www.aphj.org

**People visit a market in Ho Chi Minh City, Vietnam, in 2014. A new study finds that the city’s urban heat island effect accounted for 30 percent of total heat-related deaths there.”**

— Photo by Xuanhuongho, courtesy Stockphoto

**Heat-related deaths higher in noncitizens**

In the U.S., residents who are not citizens face a higher rate of heat-related death than their citizen counterparts, according to a study published online in October by AJPH.

Published as part of the journal’s special supplement on climate change, the study is based on 2005-2014 data from the National Vital Statistics System as well as data from the U.S. Census Bureau’s American Community Survey.

Researchers found that heat-related deaths accounted for more than 2 percent of deaths among noncitizens in the U.S., compared with 0.02 percent of deaths among citizens. Such mortality risk was higher among noncitizens who were Hispanic and between 18 and 24 years old. Compared with citizens of the U.S., heat-related deaths among noncitizens were more likely to happen on a farm and less likely to happen at home. Arizona, California and Texas accounted for more than 94 percent of noncitizen deaths. “Clear disparities for heat-related deaths exist for non-U.S. citizens,” the study stated. “Standard public health case definitions that exclude non-U.S. citizens underestimate the burden of heat-related deaths and may have contributed to the previous lack of reporting of health disparities among individuals who die of nonoccupational excessive heat exposure.”

**Health care sector emissions harmful**

Despite its mantra to first do no harm, the American health care sector is pumping out enough greenhouse gas emissions to cause significant harm to people’s health and quality of life worldwide.

— Photo by Michele Late

APHA Annual Meeting-goers were able to use their electronic devices to access the event program via free Wi-Fi, forgoing the need for a printed program. Printing fewer programs is one of the many ways APHA is greening its activities year-round.

**APHA 50x760 to 597x940**

PHAs’ American Journal of Public Health is publishing a special supplement in 2018 in conjunction with APHA’s Year of Climate Change and Health. Studies from the issue were released as a “first look” in October.

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**APHA Annual Meeting-goers were able to use their electronic devices to access the event program via free Wi-Fi, forgoing the need for a printed program. Printing fewer programs is one of the many ways APHA is greening its activities year-round.**
Seeking proposals that focus on strengthening skills within competencies in one of the eight domains of the Core Competencies for Public Health Professionals:

- Analytical and Assessment Skills
- Communication Skills (including Informatics)
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

GO TO: https://apha.confex.com/apha/2018/cfp.cgi for 2018 Learning Institutes Call for Proposals submission information.

Or contact Evangeline Savage at evangeline.savage@apha.org for more information.
New APHA book features shareable tipsheets on public health topics

The Nation’s Health unveiled its first book at APHA’s 2017 Annual Meeting and Expo in Atlanta.

“Healthy You Tear & Share: Health Information Tipsheets” is a collection of the most popular topics from Healthy You, consumer-friendly tipsheets that are published in each issue of The Nation’s Health.

The book, edited by Lindsey Wahowiak, senior editor of The Nation’s Health, gathers 35 topics in English and Spanish from more than 11 years of the award-winning feature’s history. As its name states, “Healthy You Tear & Share” is designed to be shared.

The perforated pages of the book can be copied and handed out at health fairs, community meetings or on campus; hung in medical offices or on bulletin boards or dorms; reprinted for community newsletters or church fliers; or shared with family and friends.

“Since its debut, Healthy You has been one of the most popular features of The Nation’s Health,” said Michele Late, executive editor of the newspaper. “We’re pleased to bring this valuable resource to our readers in a new, easy-to-use format that they can rely on in their work to improve the health of their communities and campuses.”

Topics featured in “Healthy You Tear & Share” encompass healthy behaviors, infectious disease, prevention, relationships and mental health.

The bilingual tipsheets in the book include:

- distracted driving,
- partner violence,
- common injuries,
- memory loss,
- breastfeeding,
- health care infections,
- walking,
- stress and
- sun protection.

“Healthy You Tear & Share” made its debut at the Annual Meeting in the Public Health Expo. It is now available for purchase online through The Nation’s Health website.

“We are so excited to offer this great collection of Healthy You tipsheets to the public,” said Selena Ortiz, PhD, MPH, chair of The Nation’s Health Advisory Committee. “This first book from The Nation’s Health is a ‘must-have’ for those who are looking to increase knowledge and awareness on a variety of critical health topics in a user-friendly way.”

Among those who will find the book useful are health practitioners, educators and community organizations that work with patients, students and the general public, Ortiz told The Nation’s Health.

To purchase “Healthy You Tear & Share,” visit www.healthfactsheets.org.

— Lindsey Wahowiak

A new publication from The Nation’s Health offers 35 reproducible public health tipsheets in English and Spanish.

Giving back to community at APHA 2017

Meeting-goers support Atlanta school project on physical activity

Science has long shown that children who are physically active tend to be healthier. Now, thanks in part to the work of volunteers at APHA’s 2017 Annual Meeting and Expo, researchers will be exploring whether kids who are physically active also do better in school.

HealthM Powers, a nonprofit that promotes healthy behaviors for Atlanta children, will be providing 1,200 accelerometers to 40 Gwinnett County, Georgia, schools to encourage and track physical activity in students. Researchers from Boise State and Emory universities will use data from the devices to study the link between activity and academic achievement.

More than 100 APHA 2017 attendees put together about 830 of the devices on Sunday, Nov. 5, setting up accelerometers, attaching them to belts, labeling them and more.

“It sounds like a small thing, but when you’re talking about 1,200 of these accelerometers and having to put them in boxes that are going to have to be rotated from classroom to classroom, it’s a pretty labor-intensive process,” Adria Meyer, research director for HealthM Powers, told APHA TV. “We’re very thankful to be getting the support of these volunteers during this project.”

APHA and HealthM Powers came together via the Association’s Help Us Help Them campaign, through which Annual Meeting attendees give back to the local community.

This year, attendees were able to both make a donation and sign up to volunteer. The volunteer event was so popular that there was a waiting list. Meeting-goers also donated $10,000 to the organization.

HealthM Powers supports nutrition education and physical activity in schools, child care centers and after-school programs, helping children make healthy choices. In 2015-2016, the organization reached more than 319,000 students at about 780 schools and centers, providing training, resources and services.

One of the things the organization does is show students and teachers how to bring easy, everyday physical activity into the classroom. Christi Kay, MEd, HealthM Powers president, led Annual Meeting volunteers in some of the exercises the group teaches during a physical activity break.

“We’re trying to show kids movement is fun, physical activity is fun,” Kay said. “Kids can’t be sitting six and a half hours a day in their chairs and be expected to learn.”

The volunteers included APHA member Liane Pereira, PhD, MS, MA, of Central Washington University, who presented on the effects of bullying on education during the Annual Meeting. Being a part of the HealthM Powers event was a way to take a break from the meeting’s hustle and bustle, she said, but was also rewarding.

“It’s good to give back,” Pereira told The Nation’s Health.

The on-site volunteer event was a first for APHA’s Help Us Help Them campaign, and also for HealthM Powers. While the organization often works with community volunteers, the Annual Meeting was its first such conference event.

Kay said organizers are grateful for the contributions of APHA 2017 attendees. Some of the volunteers were so excited about the event, they stayed longer than their scheduled hours to do more.

“APHA has been fantastic to work with,” Kay told The Nation’s Health. “The volunteers have been incredibly enthusiastic not only about the project but also about the work they are doing.”

For more on HealthM Powers, visit www.healthmpowers.org.

— Michele Late

A version of this story was published on APHA’s Annual Meeting blog.
“WE’VE BEEN SOUNDING THE ALARM ON ITS THREAT TO PEOPLE’S HEALTH FOR YEARS NOW, AND WE HAVE NO PLANS TO QUIET DOWN.” — GEORGES BENJAMIN, MD, APHA EXECUTIVE DIRECTOR, ON CLIMATE CHANGE
NOV. 4-NOV. 8 ATLANTA
PHOTOS COURTESY EZ EVENT PHOTOGRAPHY AND
THE NATION’S HEALTH

PHOTO KEY: a) Presenting at a scientific session b) Catching up with colleagues c) Discussing science d) Picking up the official meeting T-shirt e) Posing for a souvenir photo f) Showing off the Annual Meeting bag g) Talking at a poster session h) Exploring the expo i) Having fun during the Annual Meeting dance j) Enjoying the closing session k) Spending time with friends at a social l) Visiting a Section booth at the expo m) Sharing a meeting poster n) Talking with fellow attendees o) Browsing APHA publications p) Checking out the meeting program q) Enjoying the Mix and Mingle Lounge r) Sharing information at the expo s) Exchanging information at an exhibit t) Promoting public health education u) Stretching at the Wellness Center v) Engaging at a poster session
Pollution in China linked to more death

More air pollution leads to higher mortality, according to a study presented at APHA’s 2017 Annual Meeting in November.

Researchers from Drexel University’s Dornsife School of Public Health examined the association between air pollution and mortality in more than 100 cities in China between 2012 and 2015. Using data from the Chinese Center for Disease Control and Prevention, the researchers found that more than 5 percent of the variation in all-cause mortality could be explained by differences in the air quality index across China, with lower pollution associated with lower mortality. The highest air quality index values, which indicate greater amounts of pollution, occurred in winter, while the lowest occurred in summer.

“Our research shows that air pollution is not just significantly linked to health problems like cardiovascular disease, diabetes and asthma, but also to a significantly higher rate of death,” said APHA member Longjian Liu, MD, PhD, MSc, who presented at the Annual Meeting and serves as an associate professor at the Dornsife School of Public Health, in an APHA news release.

West Virginia opioid poisonings up

As public health workers struggle to contain the nation’s worsening opioid epidemic, researchers find that hospitalizations due to opioid poisoning in West Virginia have been rising.

In a new study presented at APHA’s 2017 Annual Meeting and Expo in November in Atlanta, researchers examined data from the Clinical and Translational Science Institute’s Integrated Data Repository, finding that overall opioid poisoning rates went up substantially between 2008 and 2015 among all age groups.

More specifically, residents ages 18 to 54 experienced the greatest increases in opioid poisonings from both heroin and prescription opioids. Overall, the study found no significant reduction in the rate of opioid-related hospitalization in West Virginia, a state hit particularly hard by opioid addiction, overdose and death.

The study also noted that following mandated use of West Virginia’s prescription drug monitoring program in 2012, the amount of prescription opioids given out did decrease. However, that decrease also coincided with a more than 200 percent increase in heroin poisonings, underscoring concerns that narrowing access to prescription opioids may lead to greater heroin use.

Severity of gunshot wounds increasing

The severity of gun-related injuries has increased in the last two decades, with young adults bearing a greater burden of severe gunshot wounds, finds new research presented at the APHA Annual Meeting in November.

Using hospitalization data from 44 states between 1993 and 2013, researchers from Boston University School of Medicine found that firearm injury severity increased each year, driven largely by an increase in serious open fractures and a decrease in minor firearm injuries. Young adults experienced a particularly large increase in serious open injuries as well as a large decline in minor firearm injuries. Such trends were found for gun-related assault as well as unintentional injuries. Injuries from firearm-related suicide attempts also increased in severity.

“The majority of patients with gun injuries will live compromised lives with repeated emergency hospitalizations, psychiatric illnesses, psychological problems and social challenges,” said APHA member Yi Zuo, MPH, study author and staff scientist at the Center for Clinical Translational Epidemiology and Comparative Effectiveness Research at Boston University School of Medicine, in an APHA news release.

Marijuana, alcohol hurt youths’ goals

Young adults dependent on marijuana and alcohol are less likely to achieve most-typical adult goals related to education, employment, marriage and economic potential, according to a paper presented at the APHA Annual Meeting.

Researchers from UConn Health, a part of the University of Connecticut, examined data from the Collaborative Study on the Genetics of Alcoholism, which included more than 1,100 young adults ages 12 to 34. The study found that those dependent on marijuana and alcohol were less likely to have achieved their goals related to education, marriage and economic potential, according to a paper presented at the APHA Annual Meeting.

Funding cuts leading to declines in public health workforce, programs

Between 2012 and 2016, the number of full-time employees at state health agencies declined by 5 percent, with the percentage of workers eligible for retirement expected to go from 17 percent to 25 percent by 2020, according to new data from the Association of State and Territorial Health Officials.

Released in November at APHA’s 2017 Annual Meeting and Expo in Atlanta, findings from the 2016 ASTHO Profile Survey, the only comprehensive source on activities, structures and resources within state and territorial public health agencies, found such workforce declines are being driven by decreases in funding, increases in “pass-through” funding going to third parties such as non-profits and local health agencies as well as a decline in the provision of direct health services. The 2016 survey results found that chronic disease prevention continues to be a guiding mission, with the number of state health agencies tapping chronic disease prevention as a top priority increasing from 14.5 percent in 2012 to nearly 24 percent in 2016.

The ASTHO survey found that prevention activities among state and territorial health agencies often include screening for HIV/AIDS and other sexually transmitted diseases, population-based tobacco use prevention efforts and vaccine management and inventory distribution for both childhood and adult immunizations. Common agency activities focused on the protection of people’s health included laboratory testing for dangerous pathogens and foodborne illness; influenza typing; maintaining registries for childhood immunizations, birth defects and cancer; food safety training and education; and radiation.

The survey found that between 2010 and 2016, state health agencies reported a “marked decline” in many health service activities — for example, 17 of 18 clinical services surveyed decreased, as did 12 of 14 maternal and child health services. One possible explanation for the decline, the survey reported, is the recent increase in Medicaid and insurance coverage. In addition, some agencies may be less likely to pursue the provision of direct clinical services.

Environmental health activities within state health agencies decreased too, from an average of 42 percent funded in 2012 to 37 percent in 2016. In particular, the number of state health agencies performing poison control activities decreased by 25 percent from 2010 to 2016 and vector-control activities declined by 16 percent — both changes likely due to funding cuts and the transference of such activities to local health departments or other state agencies.

In 2015, the total amount of federal funding appropriated to state health agencies was more than $14.3 billion, the survey found, with nearly half of that funding coming from the U.S. Department of Agriculture for the Women, Infants and Children program. The next highest percentages of federal funding came through the Centers for Disease Control and Prevention, followed by Medicaid and the Health Resources and Services Administration. In 2015, according to the survey, state health agencies received an average of $280 million in federal funding, with many state health agencies receiving a significant portion of their funding from the federal government.

On quality improvement efforts, as of 2016, 40 percent of state health agencies had achieved voluntary accreditation from the Public Health Accreditation Board — a percentage that has continued to increase in recent years. States that had either achieved accreditation or were pursuing such status reported a number of benefits. For example, 85 percent said accreditation stimulated improvement opportunities and 82 percent said accreditation Catalysts increased overall collaboration across agencies.

For a copy of the 2016 ASTHO Profile Survey, visit www.astho.org/profile.
Report released at meeting outlines what can be done on climate change

Q&A: The Lancet Countdown’s Howard Frumkin: ‘Nobody is exempt’ from climate change’s effects

With climate change and health at the forefront of APHA’s 2017 Annual Meeting and Expo, attendees learned about climate change’s effects on health from many angles. At the Monday, Nov. 6, plenary session, they were shown what can be done about it. There, Howard Frumkin, MD, DrPH, MPH, professor of Environmental and Occupational Health Sciences at the University of Washington School of Public Health, discussed the “Lancet Countdown: Tracking Progress in Addressing Climate Change 2017” report, of which he is a co-author. APHA served as co-publisher of the “Lancet Countdown 2017 Report: U.S. Briefing.” Frumkin shared highlights of the report, and how public health advocates can use it today.

Let’s start with the basics. What is the Lancet Countdown?

It’s a project that came out of a couple of Lancet commissions on climate and health between 2009 and 2015. Those commissions identified climate change both as an urgent health problem, global in scale, and as a promising public health opportunity, because the things we need to do to tackle climate change yield lots of health benefits.

Importantly, they yielded the recommendation that there should be global surveillance on climate change and health. And that’s what gave rise to The Lancet Countdown.

It’s a project consisting of about 20 or 25 universities, government agencies, non-governmental organizations, and other partners, all of which together are aggregating data on climate change and health, making that data available in a dashboard form and committing to do this for many years to come so that it’ll be an ongoing way to track our progress in tackling climate change.

It’s a simple idea. When you go to the doctor, and the doctor takes a temperature, or takes blood pressure or finds something abnormal, you expect the doctor to follow that over time, to be sure that it’s not getting worse, to be sure that the interventions are working and to change course if needed.

But we haven’t done that before on a global scale when it comes to climate and health. This is a big idea. It combines not only health impacts of climate change but also upstream factors that are causing climate change and social responses. It allows us to see how we’re doing in primary prevention and some of the adaptation efforts that will help protect us from climate change, and even such indicators as how much money we’re putting into those efforts.

It’s a soup-to-nuts, upstream-to-downstream, across-the-board, global-scale dashboard on climate change and health, the first of its kind.

In addition to the global report, about half a dozen countries created country-specific versions of the countdown report. Those involved downscaling some of the global data to the country itself and, in some cases, including...other kinds of data that weren’t available globally, but that were available at the national level, to enhance the picture further.

For example, in the U.S. we had data on the spread of Lyme disease and on the prolongation of the allergy season, data that weren’t available at the global level. It was that U.S. report that was released jointly by APHA and The Lancet Countdown and unveiled at the APHA meeting.

What are some of the key takeaways from the U.S. briefing?

The first was that climate change is having a very significant impact on human health here and now, not off in the future, not far away, but right within the U.S. Vulnerable populations such as the elderly and the poor are especially affected, but that nobody is exempt. This is a very big public health hazard in the present tense and within our own borders.

The second takeaway is urgency. Some of the trends that we wish were getting better have actually worsened over the last couple of decades.

We’ve wasted time. We’ve squandered opportunities to tackle the problem at an earlier stage when doing so would have been easier, more tractable and less expensive.

Delay has been costly in both human and financial terms; further delay will be more costly. We need to tackle the problem urgently.

The third key message is one of hope and optimism: We are seeing some signs of positive change, for example, the shift toward decarbonizing the economy in the U.S. with the rise of renewable energy, the decline of coal and the growing efficiency of motor vehicles.

Many of those changes are already yielding health benefits and will continue to do so going forward. That’s good news, and it underlines the public health opportunities in tackling climate change.

The countdown outlines policy-level steps that can be taken to fight climate change. Why start there?

Well, it’s really important to start at two different levels simultaneously. One is policy. At the federal and state levels, we need to do things like shift our primary energy sources, shift our transportation system and change the incentives in our food system so that all those systems can contribute less to climate change.

But it’s also important to start at the very personal and community levels. We need to shift our preferences in eating toward less meat-heavy diets. We need to shift our preferences in transportation away from gas-guzzling, single-occupancy vehicles to walking, biking and transit. We need to use less energy, insulate our houses better, use fewer resources, reuse and recycle more. All of those traditional environmental behaviors and attitudes are very important at the individual and community level, but they need to be accompanied, of course, by policy changes.

And then, of course, in the public health sector, where we are responsible for driving a lot of adaptation, protecting the public from the impacts of climate change, we need to step up and do even more than we’re doing, protecting people from disasters like floods and fires and droughts, protecting people from the expansion of infectious diseases, protecting people from expanding allergic illnesses, protecting people from respiratory hazards due to worsening air pollution.

The Annual Meeting was the capstone for the Year of Climate Change and Health. Why was this the right place to talk about the countdown?

It’s no surprise that the Lancet Countdown can be a model for further efforts within the U.S. The global effort will continue, but local and state-level data are available within the U.S. but not globally.

That’s especially true of state- and local-level efforts, because those are hard to aggregate on a global scale.

If we begin collectively, inspired by the countdown in part, to track those indicators, we will be in a much better position, both to communicate climate change and to tackle climate change.

Let’s all be tracking data at the state and local level. Let’s aggregate those so that we can compare jurisdictions with each other, and let’s use data as the springboard to action.

— Interview conducted, condensed and edited by Lindsey Walthour

For more on The Lancet Countdown Report, visit www.lancetcountdown.org.

Photo courtesy EZ Event Photography

Howard Frumkin announced the release of The Lancet Countdown 2017 report for the U.S. at APHA’s Annual Meeting.
Partnership showcases link between public health, built environment

“...son someone in public health would contact about identifying food deserts or encouraging active transportation among community members, even though such outside expertise could be useful.”

Thanks to a partnership between APHA and the American Planning Association that was funded by the Centers for Disease Control and Prevention, experts in public health and planning across the country now have a deeper understanding of how each side plays a role in creating healthy communities.

During APHA’s 2017 Annual Meeting and Expo, a group of planners shared their experiences with Plan4Health, a program that funded cross-sector partnerships between public health and planning professionals in communities throughout the U.S. The program, which wrapped up in 2017, supported 35 coalitions in 27 states, providing grants for initiatives that highlighted the intersection of public health and planning. From urban trails and pedestrian plans to food pantries and food affordability, coalitions in the three-year project showcased the link between public health and the built environment.

At the heart of the program were APHA’s affiliated state and regional public health associations. The Affiliates worked closely with APA chapters and other partner organizations in the coalitions to integrate public health into the program.

“...the willingness to help and allow them to shape the conversation.” She told The Nation’s Health. “Let the neighborhoods tell you what it is that they need.”

For some Plan4Health participants, the public health-planning crossover was a new experience.

“My interaction with public health officials in my line of work was pretty nonexistent,” Allara Butler, AICP, who was project manager of the Florida coalition and facilitated its stakeholder roundtable, told The Nation’s Health. “What this project did was help me understand what our common goals were so that we could coordinate better.”

Florida’s coalition took part in Planners4Health, an offshoot of Plan4Health with the goal of incorporating public health perspectives into the American Planning Association as a whole. The Florida Planners4Health project conducted a survey of planners and public health workers to learn about their experience working with each other and found that only about 30 percent of public health professionals had collaborated with planners and vice versa.

The coalition decided that the best way to connect experts across the built environment was to create a website, Butler said. When it goes live, public health workers will be able to access the profiles and contact information of state planners who can offer their relevant expertise for initiatives focused on community health.

The American Planning Association’s Louisiana chapter also hosted a workshop to improve collaboration between public health and planning professionals with its Plan4Health grant.

While Louisiana has a strong public health infrastructure, it does not generally cross over to the planning sector, according to Final, AICP, who was project manager for Louisiana’s Planners4Health project. In Louisiana, a coastal state that saw the devastation of Hurricane Katrina and is experiencing the effects of climate change, conversations about planning and land use need to take place within a public health framework, he said. The coalition focused on breaking down silos across sectors to determine where land use issues needed a greater public health focus.

Through a health and planning assessment, roundtable with stakeholders and other conversations, the state’s Planners4Health project pinpointed areas for further education and exploration, particularly issues of health equity and environmental health as they relate to land use.

Advocacy was a key component of the Louisiana Planners4Health Project, Neal said, noting how the coalition worked closely with the state department of health to discuss the influence of planning on health policy. A task force will continue advocacy efforts with the Louisiana chapter of the American Planning Association. The coalition now has a plan to grow conversations around public health and planning and bring the groups together in a way that had previously not been possible, he said.

In Georgia, Healthy Savannah Inc. has existed for a decade, but the coalition of more than 100 public and private agencies used a Plan4Health grant to expand its reach and help more Savannah residents access healthy food and lead more active lifestyles. Such goals are imperative in Chatham County, Savannah, where 27 percent of adults are obese and 20 percent lack access to a reliable source of food, according to city data. Chatham County also has many black, low-income and elderly residents who face poorer health outcomes than their neighbors.

At the center of Healthy Savannah’s Plan4Health project was its food needs assessment, which helped the coalition determine the factors preventing low-income and under-served residents from accessing nutritious, affordable food. Efforts to increase access to healthy food were grounded in an approach that promoted health in all policies, said APHA member Whitney Shephard, MSCE, MSCE, board member of the Georgia Planning Association. “What I really tried to focus on is making sure that the communities where we see the greatest need are integral to the work that we’re doing...because they know the challenges better than anyone,” she told The Nation’s Health.

A food needs assessment showed that there is an opportunity to incorporate healthy food to vertical development, which is essential to healthy food access. For example, mixed-use development that includes grocery stores stocked with nutritious food is essential for healthy neighborhoods. But even if such development exists, people cannot get to the grocery store if roads are not in place. Public health members also need physical activity, which is why Healthy Savannah supports public access to facilities such as school gyms. Healthy Savannah has the advantage of building upon existing relationships with community members.

The coalition has built trust with Chatham County residents through years of interaction, from informal conversations to neighborhood association meetings. With Plan4Health, the coalition has further underscored the importance of incorporating perspectives from both public health and planning within the community.

With grant funding for Plan4Health and Planners4Health has officially ended, the public health workers, planners and community stakeholders who participated in the initiative have the footing to continue their cross-sector work. It is a lesson that other public health and planning professionals can take to heart, the participants said. They encouraged public health professionals to get to know the planners in their communities and be open to opportunities to work together.

“I can’t say enough about how rewarding it is to do this. In the planning world, a health is a vital key to making the case for good planning and that planning really can promote good health,” Shephard said.

For more information, visit www.plan4health.us.

— Julia Haskins
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Institute fosters idea sharing to improve community health

IMPROVING HEALTH at the community level, takes creativity, flexibility and a willingness to work together, said public health advocates gathered for the Friday, Nov. 3, Healthiest Cities & Counties Challenge Institute held in conjunction with APHA's 2017 Annual Meeting and Expo.

"You should always be asking, ‘Do we have the right people at the table?’" said Michael Roman, community partnership manager for the city of Miami and Live Healthy Little Havana in Florida. "If you break down silos, if you work together, you will see benefits."

During the institute in Atlanta, participants talked about ways to approach and address the social determinants of health and strategies for creating lasting change at the community level. Miami is one of the challenge’s 50 cities and counties working through the challenge to improve health in one of five areas: healthy behaviors, built environment, community safety, social and economic factors and environmental exposure.

Projects range from community gardens to school-based prevention and treatment education to mobile grocers, violence-prevention coalitions and efforts to improve access to local parks.

The challenge, a partnership of the Aetna Foundation, APHA and the National Association of Counties, is a $1.5 million prize competition. Small and mid-sized U.S. cities and counties are competing over the course of several years to develop evidence-based strategies to improve health outcomes. The challenge’s interim award winners will be announced in coming months.

The challenge is designed to:

◆ support communities in their collaborative efforts to become healthier places to live, work, learn, play and pray;
◆ recognize cities, counties and tribes that achieve a measurable impact in efforts to make communities a healthier place to live; and
◆ identify models of effective collaboration that can be sustained and replicated throughout the U.S.

The Atlanta institute was one of two such gatherings last year that brought challenge participants together to highlight their local projects and share what is working and what some of their common barriers are. The barriers include the fact that money for health improvement is often tied to short-lived grant funding, participants said.

Yet there are ways to be creative in the face of uncertainty. For example, improving the built environment with sidewalks, shade and bike lanes is one way to ensure change endures even if grant money for a health project dries up, Roman said. During an institute panel discussion, he also touted the need to be creative when it comes to public health outreach.

"We try to find very innovative ways to get public health to our residents," he said. Instead of hosting a health fair, for example, organizers with Live Healthy Little Havana trucked in 30 tons of snow to a Miami neighborhood in February. As young Floridians had a blast played in the pop-up winter wonderland, a bike rack could also take advantage of dental exams courtesy of a mobile oral health van. At a water play event on a different day at the same park, a mammography van offered free screenings.

Creativity is important, said Matt Kleinmann of the Wyandotte County Healthy Community Corridor in Kansas City, Kansas. For example, even though residents said they would take advantage of a local park’s walking trail if a bench was installed, a funder declined to support that project, saying the bench represented "sedentary behavior." So designers came up with a bench that incorporated a bike rack and handles that can be used as a fitness station, and the funder gave the green light.

Kleinmann and other institute panelists stressed the importance of involving community members in health improvement projects, whether that be a walking audit, a comprehensive master plan or the design of a community kitchen.

"It’s not just something that’s done for them," he said. Public health advocates support healthy change that lasts by being present, Kleinmann said.

Find out more about the Healthiest Cities & Counties Challenge at www.healthiestcities.org.

— Donya Carrie

A version of this story was published on APHA's Annual Meeting blog.

HIV at film festival: ‘For every HIV infection, there is a story behind it’

STORYTELLING is a critical skill for public health workers, who are charged with ensuring that the voices of the most vulnerable members are told and heard.

Film is a particularly effective medium for conveying such accounts, as demonstrated by the APHA Global Public Health Film Festival. At a Nov. 7 film festival session, attendees watched footage that put real faces and stories to the 1.1 million people in the U.S. who the Centers for Disease Control and Prevention estimates have HIV.

Three young adults, Dominique, Andrew and “Maria,” a pseudonym, are part of the Pediatric HIV/AIDS Cohort Study, which is funded through the Eunice Kennedy Shriver National Institute of Child Health and Human Development. The young adults featured in the documentary “Faces of PHACS” were diagnosed with HIV as children and faced obstacles throughout their lives. But as they grappled with the challenges that come with being HIV-positive, they also found happiness and took charge of their health.

Session attendees saw just how cathartic storytelling can be in the documentary “Staying Positive — Women Living With HIV Speak Out Against Stigma.” The group Story-Center partnered with the Empowerment Program and Positive Women’s Network to facilitate two workshops with HIV-positive women. Through the workshops, women of all ages and backgrounds gathered to tell their stories of life with HIV and support one another.

“I was amazed and profoundly touched by the trauma that we all carry, that was a part of all of our stories,” said workshop participant Barb Cardone.

“What caused me to change my story deeply and to go to that place of my own trauma and to share it in a way that I think I had not perhaps shared before was the power of storytelling,” said workshop participant Marcia, whose story was featured in the documentary “Staying Positive.”

Public health practitioners can look to the documentary “Breaking the Silence Through Storytelling: Confronting Medical Mistrust to Advance HIV Prevention” for lessons on communicating with groups who are skeptical of the medical establishment. For example, the exploitation of black people in medical research, from Tuskegee to Henrietta Lacks’ cell line, has made some in the black community wary of participation in medical research.

It is a critical issue to understand in Baltimore, which is home to a large black population.

According to the documentary, the Baltimore City Health Department is working to overcome such distrust through programs that help marginalized residents engage in conversations about their health.

In partnership with community-based organizations, the health department created Baltimore in Conversation, which brings people together in informal settings to discuss health care access, with a focus on HIV prevention.

The documentary also highlighted Project Presence, a photography project project showcasing the diversity of the LGBTQ community in Baltimore.

“If we can create conversations, if we can make people talk more about the problems, then maybe we can break the barrier of silence,” said Rehinde Bademosi, MS, senior manager for social innovation and marketing at the Baltimore City Health Department. “Then we can begin to address all these issues about HIV, about prevention, about treatment.”

Baltimore’s use of storytelling serves as an important reminder for public health workers that at the heart of public health crises are real people who deserve empathy and understanding.

“For every HIV infection, there is a story behind it,” Bademosi said.

— Julia Haskins

A version of this story was published on APHA’s Annual Meeting blog.
MEETING FINDINGS

Research from APHA’s Annual Meeting

Cigar health risks underestimated

Despite the fact that cigar smoking poses a serious threat to health, people often have more favorable views of cigar use than cigarette smoking, according to research presented at APHA’s 2017 Annual Meeting and Expo in November.

Based on data from the 2015 Health Information National Trends Survey, the study found that more respondents described cigarettes as very harmful and very addictive, nearly 92 percent and 82 percent, respectively, than would describe cigars as very harmful or very addictive, at 71.5 percent and nearly 35 percent, respectively.

More than one-fifth of respondents were unsure about the addictive potential of cigars, with men more likely than women to view cigarettes as more harmful and more addictive than cigars. Cigar-only smokers were more likely to rank cigarettes as more harmful and more addictive, whereas nonsmokers, cigar-only smokers and those who smoked both were more likely to see cigarettes and cigars as equally harmful.

Overall, respondents viewed cigars as less harmful and less addictive than cigarettes. The study noted that the results can help inform tobacco prevention efforts, as cigar use has been increasing among adults.

College workers face ergonomic risks

College faculty and staff may be just as vulnerable to computer-related musculoskeletal symptoms as other workers who depend on computers to do their jobs, new research finds.

In a study presented at the APHA Annual Meeting in Atlanta, researchers assessed about 50 faculty and staff at Western Kentucky University for any relationship between certain ergonomic exposures and musculoskeletal symptoms. They found that 70 percent of respondents were exposed to long hours of computer work — more than four hours per day — with few rest breaks. The most commonly reported musculoskeletal symptoms were lower back pain, neck pain, shoulder pain and wrist pain. Working more than four hours per day on the computer was significantly associated with neck pain and low back pain. However, the risk of low back pain decreased as the frequency of work breaks went up.

The researchers concluded that prolonged computer work hours without breaks may increase a person’s risk of musculoskeletal symptoms, calling for a “robust” risk assessment of workplace exposures among the academic workforce.

Caregivers face own risks to health

Caring for people with disabilities may come with serious health risks for the caregiver, finds a new study presented in November at the APHA Annual Meeting.

Based on data from the Behavioral Risk Factor Surveillance System’s 2015 caregiver module, researchers found that when compared with non-caregivers, caregivers were at risk for lacking health insurance and faced a greater risk of reduced access to needed health care services due to cost. Caregivers for people with disabilities were also more likely to report regular cigarette use. However, they were more likely than non-caregivers to report exercising within the previous month.

Researchers said the findings suggest that caregiver health be included as part of disability reduction strategies.

Teen dating violence linked to sex risks

California youth who experience teen dating violence may be at higher risk of engaging in risky sexual behaviors, according to a new study.

Presented at the APHA Annual Meeting in Atlanta, the study is based on data from the 2015 California Youth Risk Behavior Survey. Researchers found that nearly 13 percent of respondents self-reported either physical or sexual teen dating violence in the previous year, while more than 4 percent reported both types of dating violence. Among sexually active respondents, youth who had experienced teen dating violence were more likely to report their first sexual intercourse at a younger age, typically had more sexual partners in their lifetime and were less likely to have used a condom during their last sexual encounter than youth who had not experienced teen dating violence.

More specifically, researchers found that reports of not using condoms were 2.6 times higher among youth who experienced dating violence, while drinking alcohol in the prior 30 days was nearly three times higher among nonsexually active youth who experienced teen dating violence compared with young people who had not experienced such violence.

Reports of being bullied in school or electronically were significantly higher among sexually active students who experienced teen dating violence, while drinking alcohol in the prior 30 days was nearly three times higher among nonsexually active youth who experienced teen dating violence compared with nonsexually active youth who did not report such violence.

The researchers noted that California is in a unique position to address teen dating violence, as the California Healthy Youth Act, signed into law in 2015, requires school districts to ensure that all students in grades seven through 12 receive comprehensive sexual health and HIV prevention education.

Parents furthering gender inequality

In a multi-country study, researchers find that parents may be communicating gender norms to their children in a way that perpetuates inequality between men and women.

Presented at the APHA Annual Meeting in Atlanta, the study is part of the Global Early Adolescent Study, the first phase of which was conducted in 15 countries, and is based on data collected in low-income, urban communities in Belgium, Ecuador, Kenya, the United States and Vietnam. In interviewing young people ages 11 to 15 as well as their parents or guardians, researchers found parents are often relaying ideas about gender norms that not only perpetuate gender inequities, but may normalize intimate partner violence.

For example, some parents had perceptions that girls are weaker than boys, should be careful about their appearances and are expected to be more responsible for household chores. Other parents said mobility freedom is a risk for girls, while boys can take advantage of such freedom due to their physical strength. Other parents thought mobility freedom could be a disadvantage for boys, as it could expose them to dangers such as drugs and alcohol.

Regarding violence, one parental response seemed to normalize violence against women, while an adolescent surveyed said that growing up in a household with domestic violence can lead young boys to grow into men who engage in the same harmful behavior.

Researchers said the findings show a need to focus on the intergenerational communication of gender norms and their implications for adolescent health.

Parent-adolescent health risks are shaped by behaviors rooted in gender roles that can be well established in kids by the time they are 10 or 11 years old,” said APHA member Kristin Mmari, DrPH, a co-author of the research presented at the Annual Meeting and lead researcher for qualitative research at the Global Early Adolescent Study, in a news release. “Yet we see differences around the world invested in adolescent health programs that don’t kick in until they are 15, and by then it’s probably too late to make a big difference.”

Seniors with HIV face depression risk

Older people living with HIV/AIDS report high rates of anxiety and depression, which negatively affects their health-related quality of life, finds research presented at the APHA Annual Meeting in Atlanta.

In examining data from people ages 50 and older with HIV in Los Angeles and New Orleans, researchers found that more than 43 percent were at risk for depression and more than 32 percent had moderate to severe levels of anxiety.

Greater depression and anxiety risks were associated with having more health conditions, worse physical functioning, fewer healthy days, greater perceived stigma and lower medication adherence. However, depression and anxiety were not associated with viral load, substance use or social isolation.

The findings, researchers said, underscore the need for adequate screening and treatment of depression among older adults with HIV/AIDS as well as clinical care models that include mental health.

— Kim Krisberg

Note: The findings summarized here were presented during APHA’s 2017 Annual Meeting and Expo Nov. 4-8 and may not have been published or may be preliminary.

Photo by Bowlenimages, courtesy Stockphoto
APHA 2017, Continued from Page 1

Alberta in Canada, Deranger discussed how the fossil fuel industry and its practices are threatening the health, livelihoods and sustainability of many indigenous communities. She zeroed in on the Athabasca tar sands in northeastern Alberta, the world’s largest reservoir of a type of heavy crude oil found in natural oil sands deposits. The tar sands sit upstream from Fort Chipewyan, an indigenous community where the impacts of mining and extraction threaten local food and water sources as well as the sovereignty of First Nations communities to protect their lands and environments, she said.

“The battle over the tar sands has come down to the fundamental right to exist for indigenous people,” she told an audience of thousands.

Deranger discussed myriad health and environmental problems associated with the tar sands. For example, the industry uses up billions of liters of water every year — a number that is only expected to increase — and advocates worry the chemical-laden wastewaters left over from the mining process will leach into nearby drinking water systems. Some research, she said, has found higher rates of cancer in Fort Chipewyan. Tar sand development is also one of the top greenhouse gas contributors in Canada, Deranger noted, adding that the industry’s biggest customer is the U.S.

Solving climate change, she said, means indigenous people must have an equal seat at the table. She noted that the Paris climate agreement contains important references to indigenous peoples’ rights that can help drive change at the local level.

“I want to change the game so that my children have a chance,” she told attendees. “Climate may change our health, but it also provides us with an opportunity to start anew.”

The call to climate action continued at the Monday, Nov. 6, general session with keynote speaker Gina McCarthy, MS, former administrator of the U.S. Environmental Protection Agency, who sat down for an intimate conversation with APHA Executive Director Georges Benjamin, MD, McCarthy, now a professor of public health practice at the Harvard T.H. Chan School of Public Health, shared her thoughts on the work she did as EPA’s top official as well as the erosion of public health advances under President Donald Trump. And while she derided the attacks on science and how climate change impacts disproportionately affect people with low incomes, she urged advocates not to give up the fight.

“We didn’t get to cleaner air and water by sitting on our butts,” she said. “We knew we had to get there. For too long we’ve been asleep at the wheel. I believe this year was a wake-up call.”

The Monday session also highlighted the debut of The Lancet Countdown for the U.S., released by The Lancet and APHA. APHA member Howard Frumkin, MD, DrPH, a professor at the University of Washington School of Public Health, announced the release of the report, which outlines the threat of climate change as it stands now and in the future and suggests policy changes that can mitigate those threats.

Environmental justice dominated discussions at the closing session of APHA’s 2017 Annual Meeting, which featured environmental activists mobilizing in communities that typically bear a disproportionate burden of environmental health risks. The activists shared their thoughts on the year’s events, the threats that can mitigate those impacts of mining and extraction threaten local environments, she said.

First Nations communities as well as the sovereignty of indigenous communities. Extraction threatens local environments, she said.

She zeroed in on the Athabasca tar sands in northeastern Alberta, the world’s largest reservoir of natural oil sands. She also addressed the impacts of mining and extraction on local communities, particularly indigenous peoples, and discussed the importance of the Paris climate agreement.

“Climate may change our health, but it also provides us with an opportunity to start anew,” she said.

The call to climate action continued at the Monday, Nov. 6, general session with keynote speaker Gina McCarthy, MS, former administrator of the U.S. Environmental Protection Agency. McCarthy sat down for an intimate conversation with APHA Executive Director Georges Benjamin, MD, McCarthy, now a professor of public health practice at the Harvard T.H. Chan School of Public Health.

McCarthy shared her thoughts on the work she did as EPA’s top official as well as the erosion of public health advances under President Donald Trump. While she derided the attacks on science and how climate change impacts disproportionately affect people with low incomes, she urged advocates not to give up the fight.

“We didn’t get to cleaner air and water by sitting on our butts,” she said. “We knew we had to get there. For too long we’ve been asleep at the wheel. I believe this year was a wake-up call.”

The Monday session also highlighted the debut of The Lancet Countdown for the U.S., released by The Lancet and APHA. APHA member Howard Frumkin, MD, DrPH, a professor at the University of Washington School of Public Health, announced the release of the report, which outlines the threat of climate change as it stands now and in the future and suggests policy changes that can mitigate those threats.

Environmental justice dominated discussions at the closing session of APHA’s 2017 Annual Meeting, which featured environmental activists mobilizing in communities that typically bear a disproportionate burden of environmental health risks. The activists shared their thoughts on the year’s events, the threats that can mitigate those impacts of mining and extraction threaten local environments, she said.

First Nations communities as well as the sovereignty of indigenous communities. Extraction threatens local environments, she said.

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“Climate may change our health, but it also provides us with an opportunity to start anew,” she said.
to address health concerns. Groups and businesses practitioners to collaborate sages to a wider audience. Cate public health mes down silos and commun-
environmental health, climate change and science in Atlanta.

Attendees talk at a booth at the Annual Meeting Public Health Expo, which attracted thousands of visitors over three days.
Artist Yehimi Cambron incorporated Annual Meeting attendees’ pledges and community members’ thoughts on how they were creating “change for good” in their communities into this mural of a banyan tree, located in Clarkston, Georgia.

**Artist incorporates meeting attendees’ thoughts on making ‘change for good’**

Attendees at APHA’s 2017 Annual Meeting and Expo in Atlanta are probably more likely than most to be working to make their communities better. One project at the meeting asked them to articulate such efforts, and to make change.

Attendees stopping by the Banyan Communications booth in the Public Health Expo were asked to share in writing, “How are you creating change for good?” Then, as more than 300 results came in, artist Yehimi Cambron, an art teacher at Cross Keys High School and recipient of the Deferred Action for Childhood Arrivals program, started painting the mural in mid-December, with input from the Clarkston community.

For more information, visit www.facebook.com/ycambron. — Lindsey Wahowiak

Black mothers central to efforts to improve maternal care

**Addressing the twofold tragedy of rising maternal mortality in the U.S. and the widening disparity between black and white women was the focus of a session on maternal reproductive health at APHA’s 2017 Annual Meeting and Expo.**

An important approach, speakers at the Monday, Nov. 6, session said, is to make reproductive justice a priority and ensure black women have a voice when it comes to policies that impact their health care.

“We envision a world where black mamas have the rights, respect and resources to thrive before, during and after pregnancy,” said Elizabeth Dawes Gay, MPH, a steering committee member of the Atlanta-based Black Mamas Matter Alliance.

The all-volunteer group works to change policy, cultivate research and advance care for black mothers. All members created a toolkit that includes talking points for advocates, multi-sector policy solutions, a research summary and other resources. Goals for the coming year include developing a research agenda that identifies gaps and shares promising policies.

During the Annual Meeting, Alliance steering committee member Angela Doyinsola Aina, MPH, shared the history behind the disparities in black maternal health in America. Pregnant enslaved black women, for example, were expected to work in the fields right up until their labor and then return immediately to work with their babies strapped to their backs, she said.

Today, amid an overall disturbing upward trend in maternal deaths, nearly three times as many black women die from childbirth as their white counterparts. During 2011-2015, the pregnancy-related mortality ratio was 12.7 per 100,000 live births for white women, compared with 43.5 deaths per 100,000 live births for black women, according to the Centers for Disease Control and Prevention’s Pregnancy Mortality Surveillance System. A study in the May 2017 issue of Obstetrics & Gynecology highlighted that disparity and also found that while maternal mortality decreased worldwide between 1995 and 2015, the incidence of maternal deaths in the U.S. continued to rise.

While the growing number of maternal deaths and pregnancy complications in the U.S. is “a human rights crisis,” Aina said, everyone can play a role in making a difference.

Session speaker Joia Crear-Perry, MD, one of the five steering committee members for the Black Mamas Matter Alliance, encouraged health workers to find allies and speak out about including black women in program planning.

For more information on the Black Mamas Matter Alliance, visit www.blackmamasmatter.org. — Donya Currie
Public Health

Vision-related learning disorders may fail to identify health. Many school-age children completed an eye exam, too often leading to learning problems, research shows. Vision health, screening critical for academic success of schoolchildren

When talking about learning challenges affecting school-age children, conditions such as dyslexia, attention deficit disorder or attention deficit hyperactivity often come to mind. That is not usually the case for vision and eye health, even though one-quarter of kids have an unrecognized vision problem. As such, many children are struggling when an easy solution could literally be right before their eyes.

At a Monday, Nov. 6, session at APHA’s 2017 Annual Meeting and Expo on children’s vision and eye health, a panel of experts stressed the need to make vision screening a bigger priority, particularly because vision problems can have a huge impact on kids’ overall health, wellness and academic success. Improving kids’ vision is both a public health and educational concern that needs a closer look, the panelists said.

School readiness must begin at birth, said APHA member Glen Steele, OD, a professor at the Southern College of Optometry. But that readiness is complicated by vision problems that make it hard for kids to read and write and perform other basic functions. And with just 14 percent of kids entering the first grade having completed an eye exam, too many school-age children are missing out on an important piece of their health.

Even health practitioners may fail to identify vision-related learning disabilities in children because many vision problems may look like something else, according to APHA member Wendy Rosen, a certified early childhood and elementary education teacher. Fifteen of 18 symptoms of ADHD are concurrent with a vision-related learning problem, as are 15 of 17 dyslexia symptoms, she said. In turn, kids may receive inappropriate treatment, doing nothing to solve the real issue at hand.

Without the right fix, kids with vision problems can suffer from symptoms such as headache, eye-strain, fatigue, blurred vision and short attention spans, all of which can impede their educational success.

“We have a whole category of vision problems that many people are unaware of and an incomplete understanding of what vision really is,” Rosen said. “We need to become vision literate as a society.”

The diverse panel of experts exemplified the numerous approaches that are needed to address children’s vision and eye health, Steele said.

“Collaborative sessions are very important to understanding the issues being faced in health care today,” he told The Nation’s Health. “When we come together and put our problems, our ideas and our potential solutions on the table at the same time, we see how connected we all are.”

— Julia Hasbrouck

A version of this story was published on APHA’s Annual Meeting Blog.

Enforcement requires funding, buy-in from cities, organizations

Housing codes can be used to promote health

Public Health workers might be used to making seemingly boring concepts engaging with the public. At APHA’s 2017 Annual Meeting and Expo in Atlanta, health advocates took a deep dive into housing code.

At a Tuesday, Nov. 7, session on housing and health, attendees and presenters explored how code enforcement can make people healthier.

According to meeting speakers, almost 6 percent of homes in the U.S. are inadequate for living. Such dangerous dwellings are almost always inhabited by people with low incomes. Asthma, lead poisoning, and falls pose serious risks to already vulnerable populations.

“Housing codes are the primary regulatory tool for protecting people,” said APHA member Scott Burris, JD, a professor at Temple Law School and one of the session’s speakers, but they are widely believed to be failing.

Code enforcement has been an orphaned cause for decades because there is no robust national effort to improve code enforcement, Burris said, and there has never been a sustained effort to define, test, refine or diffuse an efficient and effective model for codes and enforcement. Housing code has not seen the boost that other public health issues, such as smoking, drunken driving and obesity, have gotten from a nationwide effort.

However, progress is possible. The session introduced the five essential public health law services framework by the Network for Public Health Law: access to evidence and expertise; in designing legal solutions; building political will; implementing, enforcing and defending legal solutions; and policy surveillance and evaluation.

“Public health lawyers, on-the-ground workers and advocates are involved in every step of the framework, which proposes building ‘better health faster for all,’” said APHA member Donna Levin, JD, national director at the Network for Public Health Law, who presented the framework during the session. The framework, which was implemented and tested in a pilot program funded by the Robert Wood Johnson Foundation, is designed to break down silos between disciplines, in hopes that it could do for law what the 10 essential public health services, a framework for all communities to center the health and well-being of their residents, did for public health.

Funding, too, keeps code enforcement from happening. Burris said that is because cities lack resources to enforce. Burris said many cities do not have the cash necessary to pay for inspectors and make the investments in property owners to make improvements to dwellings.

But that could change. When asked, people are passionate about making sure everyone has a safe place to live. Burris called code enforcement both an enormous potential and a moral imperative with a call for all hands on deck.

“This is clearly an issue, (and) a lot of people do care about this issue and are not satisfied with the idea that it can’t be done,” he told The Nation’s Health. For more information, visit www.networkforphl.org.

— Lindsey Wahnowich

A version of this story was published on APHA’s Annual Meeting Blog.

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Supporting women in public health leadership

THERE ARE MORE women represented in science, technology, engineering and math than ever before, thanks in part to increased efforts to produce more female STEM graduates and guide them toward careers in historically male-dominated fields. However, men still hold disproportionate shares of top leadership positions, and women are encountering obstacle after obstacle to catch up. For example, women comprise only about 30 percent of presidencies and full professorships in all higher education institutions, according to the American Council on Education. And women account for just 24 percent of the global health leadership positions at the top 50 medical schools in the U.S., research shows.

During a Monday, Nov. 6, session at APHA’s 2017 Annual Meeting and Expo, a group of experts broke down the situation, discussing how women get left behind and what can be done to break the glass ceiling. As they explained, when women — especially those at the intersections of multiple marginalized identities — are not visible in leadership, the health care system as a whole loses out on a wealth of valuable insights, expertise and role models for future generations.

The problem is largely systemic, with academic institutions failing to make diversity a priority, said session speaker Joan Reede, MD, MPH, MBA, Harvard Medical School’s first dean for diversity and community partnership. This is reflected in the value that institutions place on offices of diversity, which are often invisible and always at risk of funding cuts, she said.

“Our challenge is to move to a space where it is clearly understood that without diversity, our institutions can never achieve true excellence,” she said. Higher education, and many industries for that matter, have a tendency to pat themselves on the back for hiring women and people from other marginalized groups, but do not give them a seat at the table when it comes to the decision-making that will have the greatest impact on their careers, Reede said. Such institutions also fail to take intersectionality into account, she noted. Reede said that she cannot separate her identities as a black person and a woman.

“It is very, very hard for minority women to find mentors in their profession, particularly if you’re trying to get into leadership roles.” — J. Nwando Olayiwola

Dorothy Riddle, PhD, MBA, president of Service-Growth Consultants Inc., offered three explanations for the implicit bias women face in the workforce: benevolent bigotry, in which women are only respected when they embody traditional notions of femininity; stereotyping, or treating women as a monolith; and the dismissiveness of women’s issues and contributions, particularly of labor that is seen as traditionally female. Women also are not given the time to succeed in both their personal and professional lives, leaving them burnt out and with no time for necessary self-care, Riddle said.

That is why we need to see more women in leadership who can advocate for policies such as flexible work schedules, she said. “Being able to visualize yourself in a particular position is part of what keeps you going,” Riddle said.

“IT doesn’t happen by accident, moving women into leadership,” Reede said. “We must be very intentional in this use of networks.”

“It is very, very hard for minority women to find mentors in their profession, particularly if you’re trying to get into leadership roles.” — J. Nwando Olayiwola

J. Nwando Olayiwola, MD, MPH, founder of Inspire Health Solutions, is helping other young women see themselves in leadership. Through the Minority Women Professionals are MVPs Conference Series, Olayiwowa has convened sessions across the country, helping women learn to build their professional networks, get the most out of mentor-mentee relationships and acquire important development skills.

“It is very, very hard for minority women to find mentors in their profession, particularly if you’re trying to get into leadership roles,” she said, which is why the conference series holds so much meaning for women navigating their career trajectories. Larger organizations need to do their part to diversify leadership, but individuals can use their own networks to support women as they climb the public health ladder, Reede told session attendees. For example, she said she had recently hosted a dinner in Boston for about two dozen women of color. She called on the audience to use their personal networks to help other women rise in their careers.

“It doesn’t happen by accident, moving women into leadership,” Reede said. “We must be very intentional in this use of networks.”

— Julia Haskins

A version of this story was published on APHA’s Annual Meeting blog.

Photo by Julia Haskins
Kids seeing fewer ads for unhealthy foods

PUBLIC HEALTH has long known that health equity will not be achieved without addressing social determinants of health, the conditions in which people live, learn, work and age that affect their health. But doing so requires creativity, persistence and cultural humility.

At APHA’s 2017 Annual Meeting and Expo, in a news release, in November at APHA’s 2017 Annual Meeting and Expo in Atlanta, researchers found that youth exposure to all food-related advertising — from both food companies participating in the Children’s Food and Beverage Advertising Initiative and those not participating — dropped by 4 percent for children ages 2 to 5, by 11 percent among kids ages 6 to 11 and by 14 percent for young adolescents and teens ages 12 to 14.

According to researchers, the changes are attributable to less food advertising by companies taking part in the initiative as well as less TV-viewing time among children in all age groups.

The Rudd Center study found that the number of children visiting websites of initiative participants that promoted children’s food brands in 2009 declined by 80 percent or more, while four of the most popular websites no longer exist. Most children’s food brands sponsor social media accounts.

“Children continue to view thousands of TV ads per year for unhealthy food and drinks, including ads for candy, snacks, sugary drinks and fast food that target them directly,” said APHA member Jennifer Harris, director of marketing initiatives at the center and lead author of the study, in a news release.

For a copy of the study findings, visit www.uddncnruddcenter.org.

— Kim Krisberg

Nurses reach communities through cultural humility, honest outreach

A STAGGERING 1.7 million children younger than 5 die around the globe each year due to environmental causes, according to the World Health Organization, with lower respiratory infections and diarrheal disease the top killers.

During APHA’s 2017 Annual Meeting and Expo in Atlanta, speakers at a Monday, Nov. 6, session explored the environmental impacts on children’s health and described children’s unique susceptibility to exposures such as drinking water contaminants, lead and poor air quality.

Among the challenges, millions of U.S. homes still contain lead-based paint and 6.2 million U.S. children have asthma, according to the Centers for Disease Control and Prevention.

APHA member Nceedu Obot Witherspoon, MPH, executive director of the Children’s Environmental Health Network, highlighted “A Blueprint for Protecting Children’s Environmental Health,” a 2015 resource from the network. The blueprint outlines actions that are critical for making progress to protect children’s environmental health, such as engaging youth, enhancing health indicators, deploying effective messaging and creating a coordinating group to guide work on the issue.

Also supporting progress is APHA’s Children’s Environmental Health Project, which is assessing how environmental health systems in every state meet the needs of U.S. children. The ultimate goal is to help create accessible and responsive environmental health services that protect children.

For guidance, the project team turned to the APHA-coordinated National Environmental Health Partnership Council, which published the “Environmental Health Playbook: Investing in a Robust Environmental Health System” in 2017. The playbook highlights services and providers that proactively protect communities and help residents attain good health. It shares six tenets for a strong environmental health system, with ensuring equitable access central among them.

Staff with APHA’s Center for Public Health Policy conducted a scan of U.S. environmental and public health agencies to determine the level of community access and detect gaps in and barriers to services.

APHA’s Governing Council showed its support for protecting children’s environmental health during the Annual Meeting by adopting a new policy statement on the issue. The statement calls on health agencies, organizations and scientific institutions to create accessible information in support of action on children’s environmental health.

For more on the Children’s Environmental Health Network blueprint, visit www.cehn.org. For more on APHA’s environmental health resources and work, visit www.apha.org.

— Louise Dettman

A version of this story was published on APHA’s Annual Meeting Blog. Michele Lane contributed to this article.

Meeting speakers: Make US kids’ environmental health a priority

Parents can help children learn about cultural humility, honesty and outreach.

— Dr. Ryan Oh, MD, MPH, PhD, director, Department of Public Health and Community Medicine, Harvard Medical School

“Cultural humility is an approach to health care and public health practice that recognizes the limits of our own cultural knowledge and the need to understand other cultural knowledge in order to provide care that is respectful, trauma-informed, and that creates a safe space in which people can share their experiences.”

— Michele Lane, director, Center for Public Health Practice, APHA

“Trusting those communities to lead the conversation about their health is a much greater investment of time and effort than speaking on behalf of a community. It is a way to put in the time, listen and show they are invested in addressing past trauma of the communities.

“Many population has to know you care about them and that you genuinely care about their health, not just your career,” Abbott added.

To learn more about public health nursing in high-risk communities, visit bit.ly/PHNursing.

A version of this story was published on APHA’s Annual Meeting Blog.

Children’s environmental health must be a priority for public health leaders, advocates said during the Annual Meeting.

Photo by Rawpixel, courtesy iStockphoto

Children’s environmental health must be a priority for public health leaders, advocates said during the Annual Meeting.
National Student Meeting takes on climate change, mentorship, advocacy

With its array of panels, presentations and networking opportunities, it can be hard to decide what to take in at APHA’s Annual Meeting and Expo. But public health students — especially first-time attendees — have the APHA Student Assembly to guide them through the five-day meeting as well as all that the Association has to offer year-round.

Each year, APHA’s student leaders convene the National Student Meeting to welcome future public health professionals in a friendly, open environment. Attendees receive a crash course in the Student Assembly, including how to make the most of their APHA membership.

Rachael Reed, MPH, then-chair of the Student Assembly, shared plans for increasing member engagement in the coming year. For example, in 2018, students members can look forward to a new mentoring database that will pair students with seasoned public health professionals from across the APHA community. Attendees got a preview of the membership perk during the Student Assembly’s mentoring session. Networking also played a large role in the Student Assembly’s activities, with a networking bingo as well as a Section social over lunch.

“The more people you know and connections you make, you never know where your life and career will take you.”

— Allison Casola

In keeping with APHA’s Annual Meeting theme, “Creating the Healthiest Nation: Climate Changes Health,” the National Student Meeting organized around a similar subject, “Climate Change and Health: Responding to the Challenges,” which encouraged attendees to consider how they might incorporate environmental health and issues related to climate change into their public health careers.

Students got a taste of what that could look like with a guest panel featuring experts who have merged their passions for environmental protection and public health. APHA members Marybeth Montoro, MPH, CPH, RYT, director of communications at the Medical Society Consortium on Climate Change, and Abigail Mutic, MSN, CNM, a Missouri-based certified nurse midwife specialist, discussed how they work to bridge environmental and human health, particularly in the field of medicine.

If students do not have to wait until they receive their degrees to become advocates for public health. Susan Polan, PhD, APHA’s associate executive director for public affairs and advocacy, briefed student attendees on threats to public health at the federal level and offered guidance for fighting back against public health funding cuts and attacks on the Affordable Care Act.

The Student Assembly encouraged its members to raise their voices in easy ways, such as making calls to members of Congress — a form of advocacy that Reed said she hopes will ramp up again in 2018. If attendees learned anything from the National Student Meeting, it is that they have the power to effect change.

“You think of climate change as huge, global — my itty-bitty self can’t do anything about it, but we can,” Terrill Flakes, MPH, National Student Meeting co-chair, told The Nation’s Health. “That’s a dynamic you don’t necessarily hear all the time.”

— Julia Haskins

Lindsey Wahlamark contributed to this article. A version of this story was published on APHA’s Annual Meeting Blog.
Members of APHA’s Caucus on Homelessness visited Mercy Care to learn about the organization’s resources for people who are homeless in Atlanta, such as its outreach van.

Environment Section leads health tour

During APHA’s 2017 Annual Meeting and Expo, the Environment Section’s Building Healthy Communities Committee on Nov. 5 led an urban health experience around the Westside of Atlanta, which has undergone extensive revitalization through the Atlanta BeltLine. The urban development project seeks to link Atlanta neighborhoods with multi-use trails, streetcars and green space while promoting economic and community development in the process.

“With our changing climate, it’s no secret that people in urban areas will definitely feel the effects,” committee co-chair Maggie Grabow, PhD, MPH, told The Nation’s Health. “We hope that the participants of the tour could see how Atlanta is addressing climate change by promoting multi-modal transportation through its creation of the BeltLine.”

At each stop along the tour, participants heard from local residents and community experts who offered insights into programs focused on revitalization and sustainable development and their connection to human and environmental health. Attendees visited sites such as the West Atlanta Watershed Alliance Outdoor Activity Center, a public nature preserve that promotes environmental education and recreation, and community gardens and art spaces.

Proceeds from the tour will be donated to the Proctor Creek Stewardship Council.

For more information on the Atlanta BeltLine, visit https://beltline.org.

Mental Health Section hosts Atlanta summit

The Mental Health Section and the Carter Center partnered for a Nov. 5 symposium on improving population health and well-being through partnerships between stakeholders in behavioral and public health fields.

The event convened a range of experts seeking to create a population health framework through the lens of public health. Over the course of the symposium, attendees were tasked with determining how to include such a framework into their own organizations as well as plans for greater implementation and development.

The Carter Center, founded in 1982 by former U.S. President Jimmy Carter, is dedicated to issues of human rights, including mental health. For more than 30 years, the organization hosted a symposium on mental health policy.

With its own summit during the Annual Meeting, the Mental Health Section helped to keep the Carter Center’s tradition alive, said outgoing Section Chair Margaret Walkover, MPH.

She added that she also hoped the event would make the Carter Center more accessible to members of the Section.

Walkover said the goal of such an event was to break down silos and “create a big tent” of health experts to collaborate on mental health issues.

Just as important as clinical interventions are analyses of cultural and social determinants and their interactions, she said. It is not one or the other that influences mental health in a community.

“Many people who understand mental health basically understand that it’s a barometer for how the community’s doing,” Walkover told The Nation’s Health.

For more information, visit www.cartercenter.org.

Environment Section holds climate summit

The Environment Section's Environmental Justice Committee held a summit during the Annual Meeting and Expo on Saturday, Nov. 4, at Spelman College. The committee partnered with several national and community groups committed to social and environmental justice, including West Harlem Environmental Action Inc., the Union of Concerned Scientists, the NAACP and the National Mental Health Section's Street Medicine Action Inc., the Union of Concerned Scientists, the NAACP and the National Medical Association.

The purpose of the site visit is to provide an opportunity for attendees to see real-world applications of the ideas and best practices being utilized at local health centers, and not just in the conference session and presentation setting,” Caucus Program Chair Brett Poe told The Nation’s Health.

For more information, visit www.mercyatlanta.org.

Homelessness Caucus tours community

The Caucus on Homelessness held a site visit during the Annual Meeting at Mercy Care’s main facility and one of its transitional housing sites. The excursion gave attendees a window into the health care resources available to homeless residents of the Annual Meeting’s host city.

The purpose of the site visit is to provide an opportunity for attendees to see real-world applications of the ideas and best practices being utilized at local health centers, and not just in the conference session and presentation setting,” Caucus Program Chair Brett Poe told The Nation’s Health.

For more information, visit www.mercyatlanta.org.

Wildlife Federation.

Stakeholders convened to share tools, resources and best practices in local climate-planning efforts from the perspective of environmental justice.

Attendees also shared their visions for community-academic partnerships and making environmental justice a priority in public health.

“Our biggest challenge, particularly in lower-income communities, is to create a sense of priority,” Garry Harris, PhD, MS, managing director for the Center for Sustainable Communities, said in a news release. “These communities are already vulnerable due to other stressors. The Climate Justice movement is needed to provide a guiding vision.”

For more information on West Harlem Environmental Action Inc., visit www.weact.org.

The Environment Section’s Building Healthy Communities Tour visited sites along Atlanta’s BeltLine in the Westside of the city, including businesses and other community development.

The Environment Section’s Environmental Justice Committee convened national and community groups at Spelman College to discuss the intersection of environmental and social justice during APHA’s Annual Meeting in Atlanta.

— Julia Haskins
Council of Affiliates award ceremony honors standouts in public health

Each year during the Annual Meeting and Expo, APHA’s Council of Affiliates recognizes the people and organizations that have made the greatest contributions to public health.

At the 2017 awards ceremony, the Georgia World Congress Center was graced with professionals who have left their mark on the public health world and are inspiring others to do the same.

One such public health leader is Gerald Ohta, who received the rarely issued Lifetime Achievement award. Ohta has dedicated his life to public health, having served longer than anyone in the history of the Hawaii Public Health Association.

Accepting his award via Skype from Hawaii, Ohta thanked the COA, which he said served as the beginning of his involvement in APHA.

Advocacy was a major theme at the COA reception, in the midst of a year that saw attacks after attack on public health. Outgoing APHA President Tom Quade, MPH, MA, presented Lois Hall, MS, calling her the Meryl Streep of COA awards for her many nominations and impressive work over her career. Hall, who received both the Award for Excellence and APHA Individual Award for Advocacy, stressed the importance of advocating for public health, particularly at a time when the field faces regular threats.

“You must advocate for public health at every chance you get,” Hall told the audience at the reception.

Hall said she commends her APHA Affiliate, the Ohio Public Health Association, for its strong advocacy work related to public health priorities such as defending the Affordable Care Act.

“Everything I’ve done has been for and on behalf of the organization,” Hall told The Nation’s Health. “I may be the one who pushes the button or signs the letter or makes the call but it’s always been on behalf of the organization.”

APHA Executive Director Georges Benjamin, MD, presented the APHA Affiliate Award for Advocacy to the Iowa Public Health Association, noting its engagement in federal advocacy efforts. He also called the Iowa Public Health Association APHA’s most active Affiliate in the annual Public Health Action Campaign, also known as PHACT.

Ruu a Hassaballa, winner of the Student of the Year award, said she attributes her success to her family and network of public health professionals, including those from the University of Kansas School of Medicine, where she is working toward a master’s degree in public health.

Hassaballa told The Nation’s Health that she encourages public health workers to “fully understand that your voice matters, that you are a public leader and to move towards your vision, to not be afraid of stepping out of your comfort zone.”

Eldonna Chesnut, MSN, RN, winner of the 2017 COA Chair’s Citation, also had advice for public health professionals.

“I would encourage others to be active in both APHA and their Affiliate as a member and to pursue leadership roles in one or both,” Chesnut told The Nation’s Health. “I joked with the current COA leadership and Affiliate staff that I was having COA withdrawal. However, thankfully, I was elected to the APHA Executive Board so I can continue to serve, learn and grow.”

— Julia Haskins

Photo courtesy EZ Event Photography

Lois Hall, left, accepts an award for her lifetime contributions to public health from Jeannie Holt, MPH, MS, then-COA chair, during the council’s awards reception.

Photo courtesy EZ Event Photography

Ruu a Hassaballa addresses the Council of Affiliates upon receiving the Student of the Year award at the Annual Meeting.

Photo courtesy EZ Event Photography

Melissa “Moose” Alperin accepts the Affiliate of the Year award on behalf of the Georgia Public Health Association.

COA chooses Georgia Public Health Association as Affiliate of the Year

In 2017, GEORGIA was synonymous with public health. Not only did the state host APHA’s Annual Meeting and Expo, but the Georgia Public Health Association was also honored with the Council of Affiliates’ top distinction.

“The Council of Affiliates awarded Georgia Public Health Association our Affiliate of the Year award because of their all-around strength as a public health association,” then-COA Chair Jeannie Holt, MPH, MS, told The Nation’s Health. “A stand-out for me is that GPHA has close partnerships with all 159 county boards of health and with the state department of public health. And their advocacy efforts won an additional $1.2 million for these local entities in 2016 and salary increases for public health nurses and environmental health specialists. GPHA exemplifies why APHA Affiliates are critical to achieving our healthiest nation goal.”

Leaders of the standout Affiliate got several opportunities during the Annual Meeting to discuss their success. At the Affiliate Day orientation for new leaders, Georgia Public Health Association President-elect Colin Smith, DrPH, MS, CPH, talked about the Affiliate’s focus on recruitment and retention, which has led to a surge in membership. Between 2015 and 2017, the association’s members increased from about 450 to more than 1,600.

At the opening session on Sunday, Nov. 5, then-Georgia Public Health Association President Dianne McWethy, MPA, explained how the Affiliate’s achievements tie into its next annual meeting and conference theme, “Unlock the Treasures of Public Health: Engage, Educate and Innovate.”

“We engage our partners, including the state department of public health, and the 159 local boards of health across the state of Georgia to advocate for policies that have a positive impact on our communities,” McWethy said. “The Georgia Public Health Association has a strong relationship with our nine public health programs and schools across the state to promote educating others about public health and the impact health has on our citizens and the association strives to innovate new programs and initiatives.”

She highlighted several recent initiatives, such as revising the quarterly Georgia Journal of Public Health as well as work to boost recruitment, retention and salaries for local public health nurses and environmental health professionals.

In her acceptance speech at the COA reception, Melissa “Moose” Alperin, EdD, MPH, MCHES, Affiliate representative to the Governing Council, gave a nod to famous Atlantan baseball player Hank Aaron, whose motto was to always keep swinging.

“GPHA looks forward to continuing to swing and work on behalf of public health,” Aperin said.

For more information on the association, visit www.gapha.org.

— Julia Haskins
New policy statements address physical activity, universal preschool, workers’ compensation and more
Summaries of 2017 policy statements adopted by Association’s Governing Council

THE FOLLOWING are brief descriptions of the 13 policy statements adopted by the Governing Council at APHA’s 2017 Annual Meeting and Expo in Atlanta. For more information, email policy@apha.org.

Disclaimer: These descriptions are not comprehensive and do not include every point, statement or conclusion presented in the policy statements. For the full policy statements, posted in early 2018, visit www.apha.org/policies-and-advocacy.

20171 Enhancing public health research, practice — Noting that state and local public health agencies often face challenges in adopting evidence-based practices and engaging in research, calls on agencies to consider formal academic collaborations that facilitate research. Encourages such agreements to include strategies for professional development of public health workers and students, establish collaborative learning sessions for academic and professional staff and help academic health departments find opportunities for practice-based research.

20172 Supporting the National Physical Activity Plan — With data showing that many American youth and adults still do not engage in recommended levels of physical activity, calls for supporting the National Physical Activity Plan, which was last updated in 2016. Encourages the establishment of an office of physical activity and health within the Centers for Disease Control and Prevention. Urges the creation of a comprehensive surveillance system for monitoring compliance with physical activity guidelines.

20173 Support for universal preschool — With more than 60 percent of American 4-year-olds lacking access to publicly funded preschool programs and with education a key social determinant of health, calls for governments to implement voluntary, universal and publicly funded preschool programs based on sliding scale fees for all preschool-age children regardless of citizenship status. Calls on officials to make sure teachers and staff are prepared and paid livable wages.

20174 Reforming workers’ compensation — With changes to state-based workers’ compensation programs making it increasingly difficult for injured workers to access such benefits, calls on Congress to appoint a new national commission to study shortcomings in state-run workers’ compensation programs and update recommendations regarding coverage, benefit adequacy and compensation. Urges Congress to require the Department of Labor to develop national minimum standards for state programs.

20175 Appropriate language in worker safety — Considering that foreign-born workers are a growing segment of the U.S. workforce and experience some of the highest on-the-job fatality rates, calls for achieving language justice in occupational health and safety training materials. Urges the U.S. Occupational Safety and Health Administration to strengthen outreach on its 2010 Training Standards Policy Statement and continue to assess whether training is conducted in a language and literacy level that workers understand.

20176 Occupational inorganic lead standards — Noting that the U.S. Occupational Safety and Health Administration’s inorganic lead standard for general industry has not been updated since 1978 and knowing that even low-level lead exposure among adults is harmful to health, calls for the OSHA action level and permissible exposure level for lead to be based on up-to-date, peer-reviewed science. Calls on agencies to ensure all employers comply with blood lead testing for workers.

20177 Working conditions for food, farm workers — Noting the often-hazardous and unfair working conditions facing workers in the farming and industrial food production, calls on Congress to eliminate language in the U.S. Occupational Safety and Health Administration’s annual appropriation that excludes small farms from OSHA oversight and pass legislation that includes farmworkers in the Fair Labor Standards Act. Encourages state agencies to increase enforcement regarding wage and hour violations in the agriculture and food production industries.

20178 Housing and homelessness as a public health issue — With homelessness a continuing public health problem and knowing that people who are homeless often struggle with chronic mental and physical health conditions, calls on federal agencies and state and local service providers to prioritize low-barrier housing access for people who are homeless, with an emphasis on harm reduction strategies. Urges Congress to appropriate funds for rental assistance options and identify additional funding mechanisms for the National Housing Trust Fund.

20179 Income inequality and health — With income inequality increasing since the 1970s and with income a key social determinant of health, calls on federal, state and local governments to shift toward progressive taxation to help diminish income inequality. Urges Congress to pass a federal infrastructure spending bill that employs people in repairing deteriorating infrastructure and building public service, transportation, renewable energy and health systems. Encourages Congress to increase the federal minimum wage.

201710 Protecting children’s environmental health — With children uniquely vulnerable to harmful environmental exposures, calls on health agencies, organizations as well as research and science institutions to create accessible information in support of action on children’s environmental health. Urges such organizations to identify gaps in research and calls on health agencies to develop action plan for limiting children’s exposure. Recommends collaborations that create systems to ensure lead-safe housing and reduce asthma triggers.

201711 Health effects of air pollution — Considering millions of Americans live in communities where air pollution levels harm health, urges Congress to increase funding for Clean Air Act programs and provide greater funding for research on toxic air pollutants. Calls on Congress and APHA members to resist efforts to weaken the Clean Air Act. Calls on health departments to help remediate environmental justice concerns. Calls on health departments to defend the Clean Power Plan.

201712 Advancing the "one health" approach — Using a one health approach that acknowledges the integral connections between human, animal and the environment, calls on federal, state and local public health agencies to communicate and collaborate with agricultural, veterinary and environmental health authorities to prevent, detect, respond to and recover from outbreaks and health emergencies. Encourages regulatory agencies to conduct integrated human, animal and environmental health impact assessments.

201713 Establishing environmental public health systems for children — Because many children are still exposed to harmful environmental exposures, calls on agencies to create reporting and investigating mechanisms and urges federal officials to create tracking systems for such exposures. Urges researchers to examine the relationships between school facilities and children’s health and academic performance. Encourages the development of guidance on recognizing, remediating and reporting environmental hazards in schools.

APHA calls for policy statements: 2018 submissions due Feb. 14

APHA MEMBERS ARE INVITED to take part in APHA’s 2018 policy statement process, underway now. APHA policy statements, which are authored by members, help inform the Association’s positions on legislative and regulatory issues related to public health. At APHA’s 2017 Annual Meeting and Expo in Atlanta, the Association’s Governing Council adopted 15 new policy statements, addressing issues such as children’s environmental health and worker safety.

APHA members are encouraged to submit their proposals through their respective member group, such as their Section, Special Primary Interest Group, Student Assembly, Forum, Caucus or Affiliate.

Before submitting policy statement proposals, authors should read APHA’s guidelines on the policy statement development process, which are available on the Association website.

Authors are also directed to review the 2018 policy statement gap list, which is also online now. The list identifies areas where APHA policy statements are outdated or lacking.

APHA’s Joint Policy Committee will consider each proposed policy statement. Following public hearings, APHA’s Governing Council will vote on the proposals at APHA’s 2018 Annual Meeting and Expo, which will be held Nov. 10-14 in San Diego.

Proposals should be emailed to policy@apha.org and must be received by APHA by 11:59 p.m. Eastern time on Wednesday, Feb. 14.

For more information about the policy statement development process, visit www.apha.org/policies-and-advocacy or email policy@apha.org.

— Michele Late

Photo courtesy EZ Event Photography

Rachael Reed, MPH, then-Student Assembly chair, speaks during a Governing Council discussion. Councilors approved 13 new policy statements at November’s Annual Meeting.

Photo courtesy EZ Event Photography

Members of APHA’s Governing Council weighed in on many issues in Atlanta, including proposed policy statements.

Kim Krisberg
Editor’s note: This article was updated post-publication.
2019 Annual Meeting in Philadelphia to focus on science
Governing Council approves 13 new policy statements

Environmental Health was at the heart of policy statements adopted by APHA’s Governing Council during the 2017 Annual Meeting and Expo — which was appropriate for an event focused on the public health implications of climate change.

As part of its two days of business meetings in November, the council approved 13 new policy statements, including four that are focused on environmental health.

The five-day Annual Meeting, which brought more than 12,000 people together in Atlanta, had a theme of “Creating the Healthiest Nation: Climate Changes Health.”

Among the new statements is language that calls for increased attention on protecting children’s environmental health. Children are uniquely vulnerable to harmful environmental exposures, including the effects of climate change. The new statement directs agencies and organizations to identify gaps in research on children’s environmental health and develop plans for limiting harmful exposures.

The other environmentally focused statements address air pollution, establishing environmental public health systems for children and the connection between humans, animals and the environment — also known as “one health.”

The new policy statements came as APHA neared the end of its Year of Climate Change and Health theme, which drew attention to the need for strategies that protect humans from the health effects of climate change.

Occupational health was also a popular topic during the policy process, with new statements adopted by the Governing Council on workers’ compensation, workplace inorganic lead standards, worker safety and farm and food worker conditions.

The remaining new APHA policy statements focus on evidence-based research, physical activity, universal preschool, homelessness and income inequality.

APHA policy statements are authored by members and reviewed by Association leaders, including the Joint Policy Committee, before being voted on each year by the Governing Council. The new policy statements are now being finalized and are expected to be posted in early 2018 on the APHA website.

Among its other Annual Meeting business, the Governing Council approved updates to APHA’s Bylaws, which are the governing rules of the Association.

The changes created one voting council position for each APHA Special Primary Interest Group, eliminated unaffiliated seats on the council and simplified language on agency membership.

The new version of the Bylaws can be accessed now on the APHA website.

Also during its business meeting in Atlanta, the Governing Council:

- modified the APHA policy statement process so that comments from the Joint Policy Committee will be made public during review;
- honored Barbara Giloith, DrPH, MPH, outgoing speaker of the Governing Council, with a standing ovation for her 10 years of service; and
- held a breakout session with leaders from APHA’s Intersectional Council and Council of Affiliates on ways they can collaborate.

In 2018, the Governing Council is scheduled to conduct business during its June 18 midyear conference call and during the San Diego meeting. A summary of minutes from the Atlanta meeting will be available on the APHA website after the midyear call.

For more information on APHA’s Governing Council meetings, email james.carbo@apha.org or call 202-777-2441. For more on APHA’s Year of Climate Change and Health, visit www.apha.org/climate.

— Michele Late

Photo by Michele Late

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APHA
Panel: Women disproportionately affected by catastrophes globally

At APHA’s 2017 Annual Meeting and Expo in Atlanta explored all the ways climate changes health, advocates showed all the ways climate intersects with every aspect of public health.

At a Monday, Nov. 6, session, women’s health took the forefront, as researchers and practitioners explored what they called “the feminization of poverty” and the impact of climate change and natural disasters on women.

Public health experts will not be surprised to find out that climate change and natural disasters disproportionately affect at-risk populations. But they may be shocked to find out how the systems — or lack of them — set up to prevent disasters, and the systems designed to address them, continually disadvantage women.

Dorothy Riddle, PhD, MBA, a psychologist, feminist and economic development specialist, broke down the many ways women are stressed during and after disasters: They often serve as the primary decision-maker for multiple generations of families — meaning they are the ones who decide when to shelter in place, where to evacuate to and what to stockpile and take with their families and if and when they are able to evacuate. They are often primary providers of recovery services, such as search and rescue efforts and food and diaper drives. They provide ongoing caregiving to older and younger generations of their own families and neighbors — even though 17 percent of women over 65 are living in poverty in the U.S.

And during all of this, they are expected to provide self-care, or worse, to ignore that much-needed relief for their own physical and mental health.

When recovering from a community trauma, meeting speakers said women and girls have other stressors to contend with, such as juggling prenatal health and care with post-traumatic stress disorder, which was an issue for women who survived Hurricane Katrina. Riddle said that rates of domestic violence and sexual assault often spike after a disaster, because women’s mental health needs are unmet, and they can take untreated aggression out on women and children.

Riddle said public health must start by engaging women, particularly women of color, in strategy and decisionmaking and making a community skills inventory, where people share their own skill sets, rather than being slotted into traditional roles.

Jacqui Patterson, MPH, MSW, director of the NAACP Environmental and Climate Justice Program, noted that communities should also look at the women who are not there — those who left their homes because they were not safe, or there was no clean water or healthy food to eat.

“What often doesn’t get told are the stories of women, often women of color, and (often) indigenous women.”

— Jacqui Patterson

In September, the U.S. Department of Homeland Security moved to rescind the Deferred Action for Childhood Arrivals program, leaving nearly 800,000 young people living in the U.S. without legal permission fearing for their futures.

Majo Acosta Robayo is one of those immigrants whose life could soon be turned upside down. She spoke at a Tuesday, Nov. 7, session at APHA’s 2017 Annual Meeting and Expo session on cross-cultural care, giving audience members a glimpse into the hardships immigrants living in the U.S. without legal permission are facing.

Robayo is a student at Harvard University and hopes to one day become a missionary doctor with Doctors Without Borders. But her work authorization expires in March 2019 and there is a possibility that hundreds of thousands of students like Robayo are grappling with currently.

As the deadline for the end of DACA protections looms, immigrants continue to face numerous health vulnerabilities in the U.S., without legal permission are facing.

For the most vulnerable patients seeking care, there is much to unpack in such conversations, Dar said. Showing compassion for patients is especially important now, as many may be suffering in a discriminatory climate. He referred to the one question his mentor always asked patients at the beginning of their visit: “How’s the world treating you these days?”

For details, call 202-777-2400 or visit www.apha.org/membership.

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For a version of this story was published on APHA’s Annual Meeting Blog.

For details, call 202-777-2400 or visit www.apha.org/membership.

A version of this story was published on APHA’s Annual Meeting Blog.
During the past year, through your generous support and commitment, APHA prepared public health workers for a new and challenging future, advocated for evidenced-based public health policy, educated the public and much more.

In this moment of quiet reflection, we celebrate our achievements, analyze lessons learned and continue our quest to make the U.S. the healthiest nation by 2030. **Together, we will make a difference.**
Faculty Position to serve as Director for Global Health

The Dornsife School of Public Health at Drexel University invites applications for an open rank tenure track faculty position with a focus on global health to serve as Director of the Office of Global Health at the School. We are seeking candidates with a national/international reputation and an outstanding record of research in a broad range of areas related to global health. Areas of interest include but are not limited to global urban health; planetary health; health and human rights; environment, sustainability and health; and the impact of policies outside the health sector on health. The candidate will be expected to lead and grow an independent externally funded research program, mentor and train students/postdoctoral fellows or other trainees, teach in areas of expertise, and participate in service activities as appropriate in the School, University, and broader community. As Director of Global Health reporting directly to the Dean, the candidate will lead, develop, and implement a strategic plan for global health research and education at the School integrating activities across various Departments and Centers and build partnerships internationally. Candidates should have an excellent record of scholarship and strong potential or demonstrated success building a program of externally funded research as well as experience in the development and/or implementation of educational programs related to global health. Required qualifications are a PhD or equivalent degree and professional status and scholarship appropriate for rank. Departmental affiliation will be determined based on fit and candidate preferences. Interested candidates may direct questions to the Dornsife School of Public Health Dean, Dr. Ana M. Dez Rous (and@drexel.edu). Applicants should submit a CV and cover letter to DrexelJobs.com requisition number 8574.

Application review will commence December 1, 2017. Applications will be received until a successful candidate is accepted.

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OPEN RANK FACULTY POSITION, DIVISION OF HEALTH BEHAVIOR & HEALTH PROMOTION

The Division of Health Behavior and Health Promotion in the College of Public Health at The Ohio State University is searching for faculty in several areas.

POSITION ONE: Tenure track, open rank
One or more positions are available for candidates with a focus on community-based intervention research in a variety of important areas of community health. Candidates must possess the potential for developing independent research funding as well as collaborating with existing research initiatives. Candidates should also be able to teach broad based courses in social and behavioral science as applied to public health, and to mentor public health students at all levels. Requirements include an earned doctoral degree in public health with a focus on social or behavioral science, or in a closed related field with significant public health-relevant training or experience. For more information, or to apply for this opening, visit https://academicjobsonline.org/ajo/jobs/9788.

POSITION TWO: Clinical (non-tenure earning) Assistant Professor
In this position, the faculty member will be responsible annually for teaching 2 or 3 sections of PUBHHBP 3510, The Role of Behavior in Public Health (undergraduate), including online as well as large in-person sections. The faculty member may additionally be assigned to participate in the teaching of additional undergraduate courses such as PUBHLTH 210, Introduction to Global Public Health, and PUBHLTH 3180 Undergraduate Capstone Preparation, and graduate courses in the area of public health specialization. In addition, this individual will participate in advising undergraduate and MPH students and serving on College committees. A Ph.D. in public health with a specialization in behavioral and social science, or a closely related degree with public health research or practice experience, is required. The faculty member should have a record of successful independent teaching of undergraduate students. For more information, or to apply for this opening, visit https://academicjobsonline.org/ajo/jobs/9788.

Questions about either position can be directed to Phyllis L. Pirie, Chair, Health Behavior and Health Promotion, College of Public Health, at pirie.2@osu.edu. For more information, please visit our website at www.cph.osu.edu.

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Combining chronic, mental health care beneficial, research shows

Public Health might do better at addressing both physical chronic health conditions and mental health issues in high-risk populations by combining care for both, according to some research.

At a Tuesday, Nov. 7, session on integrating mental health and chronic disease care during APHA’s 2017 Annual Meeting and Expo in Atlanta, three speakers from Mount Sinai Health System in New York outlined how they implemented the Health Home program — part of the Affordable Care Act — in their system. They also explained how, rather than continuing to wait for statewide evaluation of the program, they evaluated their work themselves.

Health homes, which offer coordinated mental and health care along with community and social services to participants and their families, differ from medical homes, which just provide coordinated care of a person’s overall health care needs, according to the Substance Abuse and Mental Health Services Administration-Health Resources and Services Administration Center for Integrated Health Solutions.

The team’s research indicates that the Mount Sinai Health Homes program works. To be accepted into the program, adults with Medicaid coverage need to be diagnosed with two or more chronic conditions, or one of the two qualifying conditions: HIV/AIDS or serious mental illness. They must also demonstrate a need for care coordination services. Once in the program, participants can access all their health care — mental, behavioral and physical — from one team that shared all their patient data, including a licensed social worker.

The researchers found use of outpatient services increased over a year, while use of inpatient and emergency department services decreased. Average cost savings per participant was more than $8,000, and annual savings per care team was $571,900 in medical utilization costs, even when considering the cost of starting enrollment and sustaining the program.

Health care providers were better able to provide comprehensive care, the researchers said. Sometimes people do not want to tell their primary care provider or specialists that they are using psychiatric medications. With a care coordinator communicating patient data between all members of the team, providers got a full scope of a person’s health, and could modify their recommendations.

The researchers noted that without social workers or care coordinators working in the community and addressing social determinants of health, patient outcomes will not improve. People who do not have heat in their home or clean water to drink, cook with or clean wounds with might continue to return to the emergency department. For more, visit bit.ly/ACHealthHomes.

— Lindsey Wahowiak

A version of this story was published on APHA’s Annual Meeting Blog.
Resolve to be healthy: Make plans to get fit, eat right

By Julia Haskins

Here it comes again: that nagging little voice in the back of your head that says, “I need to get in shape and eat right.”

Once you hear it, you may feel an urge to dive right in with an exercise regimen or diet that will help you become healthier, stronger and more energized on a daily basis.

Before you take the plunge, make sure you have a plan that works for your body and your lifestyle. That way, you can take charge of your health for the long term.

First things first: Before you start any new exercise regimen or diet, you’ll need to talk to your doctor about what it will take to reach your goals safely. At your appointment, come prepared with questions that you can go over. Here are a few you’ll want to consider:

- How much weight is it safe for me to gain or lose?
- Are there certain workouts I should avoid?
- How will I get enough nutrients in my diet?
- How should I plan my meals?
- Will changes to my diet or exercise regimen affect my medication?
- How should I monitor my progress?

Your doctor may have very different goals in mind for you, so be open to sound medical advice. You might not need to gain or lose as much weight as you thought you did, or maybe you don’t need to overhaul your diet completely.

It’s easy to get carried away with setting goals, but be sure to pause and think about what you can reasonably accomplish.

The National Heart, Lung and Blood Institute recommends setting goals that have three characteristics: They should be specific, doable and allow room for improvement.

It’s OK to start with small steps as you work toward your diet or exercise goals. In fact, you’ll have a better chance of making healthy choices into regular habits if you gradually ramp up to bigger changes.

NHLBI also recommends setting both short- and long-term goals. Within a few weeks, you may be able to fit in 30 minutes of walking into your daily routine. A year from now, you could be running several times a week.

Stay motivated: Getting by with a little help from your friends

While people tend to get pumped up about their resolutions when they begin, many of these goals are abandoned soon after. It’s not that people are lazy or undedicated. Sometimes it can just be a challenge to stay motivated. Reach out to your friends or family for help or ask your doctor for advice.

You can also enlist the help of an accountability buddy who is also working on improving her or his health. If you’re feeling down about your progress, try keeping a journal that details your diet or exercise habits as well as your emotions. And don’t forget to reward yourself with a healthy treat from time to time.

No matter what, try not to get discouraged; making changes to your lifestyle is a big leap, but better health is within reach if you keep going.

For more healthy eating and exercise tips, visit www.nhli.nih.gov

Making healthy lifestyle changes shouldn’t make you miserable. If your diet or exercise regimen isn’t making you happy or if you feel like you run into roadblocks at every turn, figure out what would help you make the healthy choice the easy choice.

For example, you can stock your fridge with healthy snacks so you aren’t tempted to reach for chips or cookies when hunger strikes.

Strapped for time to work out? Try taking a brisk walk around the block during your lunch break or after dinner instead of making a trip to the gym.

There’s also no need to force yourself to do anything that makes you uncomfortable. If quinoa just isn’t your thing, don’t worry about putting it in every meal.

The same goes for exercise; some people love yoga while others would prefer to kickbox. Resist the urge to compare yourself to someone else who has a different image of good health, and do what makes you feel good.

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