Pandemic squeezes long-underfunded public health system

US public health meets COVID-19 head-on

Forty miles from the state capital, Jackson County, West Virginia, is home to about 29,000 people and 25 hospital beds. Like much of the state, the rural county is reeling from the opioid epidemic.

That vulnerability was top of mind as the county readied for the arrival of COVID-19, according to Wendy Staats, emergency preparedness coordinator at the Jackson County Health Department.

In the weeks before West Virginia confirmed its first case of novel coronavirus on March 17, the county agency activated a range of outreach and preparedness efforts, such as working with local school officials to send fact sheets home with students, partnering with senior centers to educate older residents about social distancing, and hosting its first Facebook Live forum to take questions from the community.

Emergency hospital sites and stockpiles of medical supplies were readied to care for a surge of patients — plans put in motion more than a decade ago when U.S. pandemic planning took on new urgency in the wake of the H5N1 influenza outbreak.

But the ongoing opioid crisis and its aftermath present special challenges for the county, Staats said. For example, the opioid epidemic has left many more older and vulnerable residents raising their grandchildren, which could impact their risk of exposure to the novel coronavirus.

Diseases that typically accompany high rates of injection drug use, such as HIV and hepatitis C, put people at greater risk of complications from COVID-19. And the opioid epidemic has left many people without stable housing and a permanent address, which makes isolation and quarantine especially difficult. To help bridge those gaps, Staats said the agency is depending on the trust it has built up through its syringe services program to keep vulnerable residents educated and engaged in the community’s COVID-19 response.

“We’re a close-knit community and so there’s not a lot of panic when a crisis happens,” Staats, an APHA member, told The Nation’s Health in March. “We’re just taking it one day at a time.”

As of March 24, the number of confirmed U.S. cases of COVID-19 had topped 4,000, with infections in every state, Washington, D.C., Puerto Rico, Guam and the U.S. Virgin Islands.

There had been almost 740 deaths. Delays had put diagnostic and surveillance testing dangerously behind, frontline health workers were running out of protective equipment and surge capacity, and hospitals were bracing for a crush of patients.

Across the country, residents were urged to stay home with students, partaking in social distancing to fight COVID-19 in Chicago on March 21, the day an emergency stay-at-home order from the state’s governor took effect.
APHA ADVOCATES

Recent actions on public health by APHA

Stop attacks on health workers in Syria

Violent attacks against health professionals working in areas of conflict in Syria and around the globe must end, APHA said in a Feb. 19 letter to the United Nations.

The U.N. should publicly condemn attacks on health facilities, particularly in Syria, as a breach of international law, APHA said. It also should publicly release its future report on the attacks to help ensure accountability.

From March 2011 to November 2019 in Syria, there were almost 600 attacks on health workers and 900 deaths, according to Physicians for Human Rights. The attacks are happening despite international laws that protect health workers from becoming targets or collateral damage in conflict.

“Health workers in conflict settings strive to provide impartial and consistent care to all parties to the conflict, as well as civilians caught in the crossfire,” APHA said. “They are increasingly under attack for this work, despite the legal protections afforded them by the Geneva Conventions and other international laws.”

The U.N. is establishing a board of inquiry in the attack on health care workers. The board’s report needs to be made public, APHA said.

EPA rule dangerous to farmworkers

Revising a U.S. worker standard that protects agriculture workers endangers their health and well-being, APHA told federal officials in January.

Farmworkers need protection from pesticide poisoning and injury. But a revision to the 2015 Agricultural Worker Protection Standard by the U.S. Environmental Protection Agency would weaken protection for farmworkers, their families and surrounding communities, APHA told EPA Administrator Andrew Wheeler in a Jan. 30 letter.

EPA’s proposed change would roll back the standard’s rule that bans spraying within 25 feet to 100 feet of other people. The rule change is counter to EPA’s own 2015 research that found people near sprayed crop fields show pesticide exposure.

Other studies have shown that farmworkers in neighboring fields are exposed to pesticide drift. A seven-year study found that farmworkers were 38 more times likely to be exposed than non-farm workers, and pesticide drift accounted for 63% of their exposure, APHA said. Contiguous communities are also at risk for exposure.

COVID-19: APHA serves as trusted voice on outbreak science, funding

Since December, when cases of a then-unknown respiratory disease were first reported in Wuhan, China, APHA has working to share information and ensure that public health has the resources it needs to address COVID-19.

APHA has advised Congress, fought for paid sick leave, advocated for funding and offered resources and guidance. The information has been factual, science-based and apolitical.

In a Feb. 28 statement, APHA Executive Director Georges Benjamin, MD, said political interference in the COVID-19 response must be avoided.

“During an outbreak, it’s our duty to instill public confidence, lessen unnecessary panic and fear, and give people the timely and accurate information they need to protect themselves and their loved ones,” Benjamin said. “This is not a time for politics.”

That same day, APHA joined other leading health organizations in urging congressional leaders to act quickly and decisively to provide funding to combat the COVID-19 outbreak. The advocates said the Trump administration’s proposal of $1.25 billion was inadequate to fund the needed response to the disease, and that transferring hundreds of millions of dollars in funding from other important public health and national security programs, to bring overall funding to $2.5 billion, was not the answer.

Adequate funding, resources and management are needed to contain the outbreak. APHA and 246 partners said in a March 2 letter to government leaders, including Vice President Michael Pence, who is leading a White House task force for the COVID-19 response.

Federal, state and local governments should allocate funds to control and prevent the outbreak, APHA said.

On March 4, congressional leaders reached a bipartisan agreement to allocate $8.3 billion funding to address the COVID-19 outbreak. Within the funding total, $2.2 billion is provided to prepare the health care system for an emergency.

“Such an emergency funding will allow public health, medical and scientific experts to better safeguard U.S. residents from this increasing threat,” Benjamin said in a March 4 news release. “As more cases of COVID-19 are confirmed, nothing less than the health of our nation is at stake.”

Ten days later, on March 14, APHA applauded the House for passing the Families First Coronavirus Response Act, legislation to provide paid sick leave and other important measures to support families and workers impacted by the ongoing COVID-19 outbreak.

Ten days later, the Senate passed the bill and President Trump signed it.

For updates on APHA’s work on COVID-19, visit www.apha.org/covid19 and www.aphagetready.org.

NPHW 2020 work moves online

Health advocates across the country used National Public Health Week in April to highlight the important role of public health, which became even more crucial in the wake of the COVID-19 outbreak.

The challenges of social distancing led organizers to move online, streaming town halls, hosting Twitter chats and sharing webinars, among other activities. Look for NPHW news in The Nation’s Health’s June issue.

For more, visit www.nphw.org.

— Michele Late

Photo by Joseph Sorrentino, courtesy iStockphoto

Farmworkers plant onions during a recent spring in upstate New York. A proposed revision to the 2015 Agricultural Worker Protection Standard by the U.S. Environmental Protection Agency would weaken protection against pesticide exposure for farmworkers, their families and surrounding communities, APHA and partners said in a letter to EPA.

See ADVOCATES. Page 15

Photo by Lachlan Cunningham, courtesy Getty Images North America

A health warning sign is posted outside Chase Center arena on March 7 in San Francisco. Throughout the coronavirus outbreak, APHA has provided guidance on the infectious spread.

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— Mark Barna
Expanding the public health team: a cross-sector workforce

I’ve been talking a lot lately about the importance of working across sectors for public health — of not going it alone to tackle the imposing challenges before us. The ideal public health team is broad and includes not only public health professionals representing the essential services, but also professionals from other disciplines, the general public and students of all stripes.

We can directly include the public, whose health we want to protect and promote, by translating our best science into actionable, understandable recommendations that they can adopt.

Today, there are about 200,000 people working in local and state public health. Their median age is older than the U.S. median and more of them will be eligible to retire in the next few years. Another 24% are thinking of leaving for reasons other than retirement, like low wages and bureaucracy. Who will replace them?

One idea is to reach out to departments of religion, political science, psychology and others at colleges and universities and ask “Are you interested in social justice? Are you interested in applying science for practical solutions to problems? Have you thought about a career in public health?” These are the questions that can help us build a diverse, cross-sector public health workforce.

The Master of Public Health degree isn’t the entryway to the traditional public health workforce — half of governmental public health workers do not have an MPH, and only 14% have formal public health training. Schools of public health graduate 30,000 public health students a year, but most aren’t going into governmental roles. They are going to sectors such as academia, hospitals, nonprofits, for-profits and technology.

Counterintuitively, this is good for public health. Why? Because it means we have public health trainees working in the sectors that we want to partner with. We have shared concerns and a shared public health lens that we can use to create a cross-sector workforce.

If we want to mine these non-traditional partners, we need to think about how we can be “connectors” to public health. In my work, I’m a public health professional working in a school of medicine. I’m a practitioner working in an academic environment. And I’m a non-researcher working to improve research. Where are your connections in your community? How can you be part of connecting all kinds of people to public health?

An expanded public health team will support broad thinking about social determinants of health while building on the specific disciplines and expertise we represent. When we work across sectors on commonly shared concerns, we do more than we can do alone. It will take this level of synergy to make real change in large-scale problems that impact physical and mental health, such as structures that foster income inequality and community stress.

Together, we can build off the diversity of our own public health team, write large, to do it.

Education attainment linked to longevity

People with low education levels who live in urban areas are more likely to die prematurely than their more-educated counterparts, according to new research in the April issue of APHA’s American Journal of Public Health.

Researchers examined health records between 1985 and 2017 of over 5,000 participants in the Coronary Artery Risk Development in Young Adults study. Recruited in the mid 1980s, participants were middle age and lived in four urban areas: Birminghamb, Alabama; Chicago; Minneapolis; and Oakland, California. The half of the participants were black and half were white, and gender was split at around 50%.

Researchers looked at the cause of death for more than 400 participants, finding that limited education — defined as a high school degree or less — was a major factor predicting premature death with lifelong poverty adding to the likelihood of an early death.

The most common causes of death were cancer, cardiovascular disease and AIDS. Across genders and races, black men most often died prematurely from homicide, white men most often died of AIDS, and women overall most often died of cancer.

Education level was the major predictor of longevity. Age-adjusted mortality rates were significantly higher for blacks than for whites and decreased as educational attainment increased.

Employees work sick less with paid leave

Requiring employers to provide paid sick leave results in fewer employees working while sick, analysis of a recent state law finds.

Published in the April issue of AJPH, the study surveyed workers before and after a Washington state law went into effect in January 2018. Under the law, all employers — regardless of size or industry — must provide paid leave, which employees can use to care for themselves or a family member.

Study researcher Daniel Schneider, PhD, an assistant professor of sociology at the University of California-Berkeley, placed online ads to recruit workers in the retail and food service sectors, which often do not offer paid sick leave benefits. Over 12,700 workers from Washington and comparison states took the survey.

Before the Washington law was enacted, 70% of participants in the state reported working while they were sick, while only 59% did so afterward. Schneider determined that the new law expanded worker access to paid sick leave by 28%.

Same-sex marriage laws boost coverage

Legal recognition of same-sex marriages in the U.S. has increased the number of adults covered by employee-sponsored health insurance, a study in AJPH’s April issue finds. Between 2004 and 2015 in the U.S., same-sex marriage went from being legal in one state, Massachusetts, to being legal in all states, spurred by a Supreme Court decision that ended state bans.

Researchers created models that included data from the American Community Survey, a household demographic report collected by the U.S. Census Bureau, from 2008 to 2017, and data on when states passed laws making same-sex marriage legal.

From 2008 to 2017, an estimated 11.6 million more people were covered by employer-sponsored health insurance, with gains observed among both men and women.

US syringe programs more than double

Syringe service programs — which reduce infections and provide support for people with opioid addiction — have more than doubled in the U.S. in recent years, a study in AJPH’s February issue finds.

Researchers examined data from the Buyers’ Club of the Dave Purchase Project-North American Syringe Exchange Network, which supplies up to 95% of syringes to U.S. outreach programs.

The number of syringe service programs, which are usually operated by health departments or nonprofit organizations, increased from 141 in 2015 to 292 in 2018.

Syringe service programs supply clean needles for people who inject drugs and can reduce HIV and hepatitis C infections by 50%, according to the Centers for Disease Control and Prevention.

“Ensuring high-quality services in these new programs will be critical to successfully addressing the current epidemic,” researchers said.

— Mark Barna

For studies and podcasts from AJPH, visit www.ajph.org.

Lisa M. Carlson
MPH, MCHES
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Photo by FG Trade, courtesy Stockphoto

A Washington state law that orders employers to offer sick leave resulted in 28% more workers receiving the benefit.

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

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**New funding for gun violence prevention research shows desire for change**

GUN RESEARCH, Continued from Page 1

The challenge is formidable, as gun violence prevention overlaps public health, criminal justice, public safety, deaths of despair, intimate partner relationships, workplace conflicts, and more.

While the new federal funding commitment is modest, the fact that it was allocated is a good sign, according to Shannon Frattaroli, PhD, MPH, an associate professor at the Johns Hopkins Bloomberg School of Public Health and faculty member of the Center for Gun Policy and Research.

“It sends an important message to the public, to the scientific community, to policymakers, and to program coordinators at the state and local levels,” Frattaroli, an APHA member, told The Nation’s Health. “It signals that the federal government is committed to bringing resources to the table to solve this problem in a way we have not seen in a while.”

Commitment and resources are needed more than ever. In 2017, the most recent year for which complete data from CDC is available, 39,773 people died nationally from gun violence. According to the Gun Violence Archive, that was the highest number of mass murders and half of suicides that year involved a firearm. In 2019, there were 417 U.S. mass shootings, in which at least four people were killed, according to the Gun Violence Archive. That was the highest number of mass shootings in the United States since the nonprofit started tracking them six years earlier.

Meanwhile, federal funding was on hiatus. In 1996, Congress approved a budget restriction known as the Dickey amendment, which maintained that federal funding could not be used to advocate for gun control. Though the amendment did not specifically restrict gun violence research, it had a chilling effect on the field.

Between 1996 and 2018, CDC's gun research funding dropped by 94%, and NIH allocated less than 1% of its budget to studying the issue, according to Everytown for Gun Safety. Some federal dollars went to the National Institute of Justice and private funding supported other studies. But in general, robust and sustained firearm research nearly stopped for over two decades. A generation of public health researchers largely ignored the field.

Then in 2018, the U.S. House of Representatives clarified in a spending bill that the Dickey amendment did not prohibit gun violence prevention research. The move led to the congressional funding allocation in December.

CDC and NIH are adept at evaluating and assessing study proposals and doing in-house research, and they complement each other in their expertise, Frattaroli said. CDC offers a strong public health approach, and NIH is known for its scientific rigor.

“They are well-positioned to put in place the processes that are needed to ensure that high-quality work is funded and responsive to what we need at this time,” she said.

During the lean funding years, some research and programs helped develop intervention policies with the potential to reduce firearm-related deaths. At a Sept. 25 forum on gun violence solutions in Washington, D.C., co-hosted by APHA and the Bloomberg American Health Initiative at the Johns Hopkins Bloomberg School of Public Health, several of those interventions were highlighted. They include “red flag” laws, which give police authority to remove firearms from high-risk people, and tougher background checks and licensing processes for firearm purchases.

Frattaroli recommended that CDC and NIH fund research proposals that add to the data of promising policies, such as extreme risk protection orders. The protection orders have been enacted in 17 states and the District of Columbia.

“We think these are promising policies, but until we bring science into the fold, we are not going to know how they are ultimately making a difference,” Frattaroli said. “And if they are making a difference, why? What is happening on the front lines that is working or thwarting the success of these laws?”

Besides protection orders, other gun policies also need research testing. In 2019, Rand reviewed studies on 13 U.S. gun policies, including concealed-carry laws, gun-free zones and waiting periods, to determine their impact on gun use. Most of the studies were unable to show if the policies actually reduced firearm violence.

Research is needed to confirm which gun violence interventions work and which are most sound, said Richard Hamburg, MPA, executive director of Safe States Alliance, which promotes injury and violence prevention.

“In a time of limited resources, it’s good to know what has the most effect,” Hamburg told The Nation’s Health.

“Is it signals that the federal government is committed to bringing resources to the table to solve (gun violence) in a way we have not seen in a while.” — Shannon Frattaroli

Research is needed to clarify which gun violence intervention programs are most sound, said Richard Hamburg, MPA, executive director of Defense Health Horizons, told The Nation’s Health.

“You want to fund the best study.”

Rather than have a preconceived notion of priority areas to explore, the agencies should approach the task with an open mind, said David Hemenway, PhD, director of Harvard University’s Injury Control Research Center in the T.H. Chan School of Public Health.

“I really am a big fan of letting a thousand flowers bloom,” Hemenway, an APHA member, told The Nation’s Health. “I am not so big on the government saying we need to do this or that. And sometimes you don’t have good data to do research on a topic, so you get lousy studies being funded. Let the researchers suggest different areas to explore.”

Strong evidence-based research can bring about persuasive gun violence intervention programs. But for programs to become state and local policies, stakeholders need to convince not only decision-makers but also gun owners that an intervention is fair.

That means not using language such as “gun control” and other charged phrases that can shut down conversation, DeGutis said.

“We need to reframe it so that people with varying perspectives will participate in the conversation,” she said.

Though she welcomes the federal funding, DeGutis said she is skeptical it will continue, given the current political climate — and that is a problem. Gun research needs to be viewed as a career path by public health scientists, she said. Years of research creates knowledge that builds on itself, bringing about better answers to reducing gun violence, but that requires time.

While the December funding from Congress was celebrated, it is still less than is needed overall. In March, APHA and other public health advocates asked Congress to double the firearm research funding for CDC and NIH.

Over the years, many advisors dissuaded students from pursuing gun research because of the lack of funding, Frattaroli said. But she is hopeful that the U.S. is entering a time when gun violence is treated as any other public health problem that needs to be addressed.

“It is all shaping up to be a more rigorous and well-supported area of research and a critical part of public health in this nation,” Frattaroli said. “The more we can support good evaluation that is scientifically rigorous and has definite results on policy, the better off we will be.”

For more information, visit www.apha.org/gun-violence.

— Mark Barn

This article is the first in a series focused on violence prevention, which ties into the theme of APHA’s 2020 Annual Meeting and Expo. “Creating the Healthiest Nation: Preventing Violence.” Registration for the Oct. 24-28 Annual Meeting will open July 1.
Be a part of the biggest Public Health event of the year!

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APHA 2020
Creating the Healthiest Nation: Preventing Violence

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apha.org/annualmeeting
Deaths caused by alcohol increasing
Alcohol-related deaths in the U.S. are on the rise, a new study reports. More than 425,000 alcohol-induced deaths were identified between 2000 and 2016, with death rates accelerating among both men and women, according to the study, which was published in February in JAMA Network Open.

Using national vital statistics data on U.S. residents older than 15, researchers found that American Indian and Alaska Native men and women, as well as white women, experienced the largest increases in alcohol-induced deaths. Throughout the study period, deaths initially declined among black women and men and among Hispanic men, but went back up in later years.

In 2016, the study reported, alcoholic liver disease accounted for about 60% of alcohol-induced deaths among men and about 69% among women. Deaths from unintentional poisoning, exposure to alcohol, or mental and behavioral disorders due to alcohol accounted for nearly 36% of alcohol-induced deaths among men and about 28% among women. While rates of the deaths were generally higher in the western U.S., states nationwide reported increases.

“Reflecting on the consequences of alcohol-related morbidity and mortality throughout the age range, our findings document an urgent public health crisis calling for concerted public health action,” the study said.

Advocates call for end to weight stigma
Weight stigma can harm physical and mental health and must be ended, according to a new statement from more than 100 medical and scientific organizations.

In a March paper in Nature Medicine, experts and advocates shared a joint international consensus statement and a Pledge to Eradicate Weight Stigma. The organizations — including the World Obesity Federation, American Diabetes Association, American Association of Clinical Endocrinologists and the Obesity Action Coalition — called for stronger policies against weight-based discrimination, and encouraged public health practices and campaigns that stay clear of messages that stigmatize people.

“Weight stigma is a public health problem, undermines human and social rights and is a major stumbling block in the fight against the epidemic of obesity,” said lead author Francis J. Puhl, PhD, professor at King’s College London, in a news release.

The new statement also called on the media to produce fair and scientifically accurate portrayals of obesity that do not promote stigma.

“Weigh stigma occurs in almost every aspect of our society, including the health care setting,” said lead author Rebecca Puhl, PhD, deputy director for the Rudd Center for Food Policy and Obesity at the University of Connecticut, in a news release.

“It is critical that efforts to address this problem include support and action from the medical community.”

Nature tied to good feelings in children
Children who feel connected to nature may be happier and show behaviors such as altruism and equity, a new study says.

Psychology, researchers surveyed nearly 300 children ages 9 to 12 from a city in northern Mexico on their connectedness to nature, participation in sustainable behaviors and their happiness. Overall, they found that kids who felt connected to nature had higher levels of perceived happiness and associations with behaviors such as altruism, equity and frugality.

“Environmental problems represent one of the most significant challenges humanity is currently facing and in such a scenario, children are important agents who could mitigate some of these environmental challenges,” the study said. “In their actions and in the relationship they have with the natural environment lays the opportunity to solve those problems.”

Black children have highest rate of ADHD
Black children are more likely to be diagnosed with attention-deficit hyperactivity disorder or a learning disability, according to new data from the Centers for Disease Control and Prevention.

In a March data brief from the agency’s National Center for Health Statistics, researchers reported that between 2016 and 2018, nearly 14% of U.S. children ages 3 to 17 were diagnosed with ADHD or a learning disability. The rate among black children was nearly 17%, compared to 14.7% among white kids and about 12% among Hispanic children. Overall, children ages 5 to 10 were less likely to ever be diagnosed with ADHD or a learning disability, compared to about 18% of youth ages 11 to 17.

Among children ages 11 to 17, Hispanic children were less likely to be diagnosed with ADHD or a learning disability than black and white children. For kids whose families earned less than 100% of the federal poverty level, white and black children were more likely to be diagnosed than Hispanic children. Children with parents who had a high school education or less were more likely to be diagnosed with ADHD or a learning disability than children whose parents had more than a high school education.

Nursing linked to lower diabetes risk
Breastfeeding can reduce the risk that women with a history of gestational diabetes will develop Type 2 diabetes later in life, a new study finds. Published in February in Diabetes Care, the study is based on 25 years of data from more than 4,300 women with a history of gestational diabetes who took part in the Nurses’ Health Study II. Overall, researchers found that longer durations of breastfeeding were associated with a lower risk of developing Type 2 diabetes.

In particular, women who breastfed for six to 12 months were 9% less likely to develop Type 2 diabetes, those who breastfed for one to two years were 15% less likely, and those who breastfed for more than two years were 27% less likely to develop the condition. Among women with gestational diabetes, longer breastfeeding was also associated with a favorable glucose metabolism biomarker profile.

Sexual minority youth at risk for planning, thinking about suicide
SEXUAL MINORITY YOUTH report higher rates of suicidal thoughts than their heterosexual peers, a recent study found.

Using data from the Massachusetts Youth Risk Behavior Survey between 1995 and 2017, researchers found that suicidal thoughts and planning have declined overall among young people. However, the decline was significantly steeper among heterosexual youth than it was for sexual minority youth, according to the study, which was published in March in Pediatrics.

Prevalence of suicide ideation declined across the entire study period for sexual minority youth. Among heterosexual youth, a significant decrease occurred between 1995 and 2007 — declining much more sharply than it did for sexual minority youth — but plateaued from 2007 to 2017.

Regarding suicide plans, the same pattern occurred: Heterosexual youth experienced a sharper decline than sexual minority youth between 1995 and 2007, but then plateaued through 2017. The study noted that more than 85% of suicidal youth visited a primary care office in the last year but did not receive mental health care.

“Prioritized monitoring of trends in risk for suicide-related outcomes and screening of suicidal thoughts and behaviors in primary care settings for this vulnerable population is warranted and may be an important step to reduce disparities in these outcomes,” the researchers said. — Kim Krisberg

Women who breastfeed for longer may reduce their risk of Type 2 diabetes, a study says.

Breastfeeding can reduce the risk that women with a history of gestational diabetes will develop Type 2 diabetes later in life, a new study finds. Published in February in Diabetes Care, the study is based on 25 years of data from more than 4,300 women with a history of gestational diabetes who took part in the Nurses’ Health Study II. Overall, researchers found that longer durations of breastfeeding were associated with a lower risk of developing Type 2 diabetes.

In particular, women who breastfed for six to 12 months were 9% less likely to develop Type 2 diabetes, those who breastfed for one to two years were 15% less likely, and those who breastfed for more than two years were 27% less likely to develop the condition. Among women with gestational diabetes, longer breastfeeding was also associated with a favorable glucose metabolism biomarker profile.

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Dr. Margaret Chan, director general of the World Health Organization, recently addressed a meeting of government leaders in Geneva, Switzerland. "We have seen the real thing," she said, referring to the deadly SARS-CoV-2 virus. "We are living in an era of pandemics..."
NATION IN BRIEF

Medicaid expansion helps pregnant women

Fewer women are dying from pregnancy-related complications in states that have expanded Medicaid, new research finds.

In the study, published in February in Women's Health Issues, researchers examined data from the District of Columbia and 31 states that expanded Medicaid by 2017, and 19 states that did not expand the federal health insurance program. A Centers for Disease Control and Prevention database was used to examine records from CDC’s National Center for Health Statistics between 2006 and 2017.

Researchers found an association between Medicaid expansion and fewer maternal deaths based on women deaths during pregnancy and up to 42 days after delivery. In expansion states, there were 7.1 fewer maternal deaths out of 100,000 deliveries, compared to 11.9 fewer in the states that did not expand Medicaid.

“Maternal mortality among white women was only slightly better in Medicaid expansion states when compared to nonexpansion states,” the researchers said.

Heavy smokers miss cancer screenings

Most smokers at high risk for lung cancer from years of cigarette smoking fail to follow recommendations that they be screened annually, a new study finds.

In 2015, the U.S. Preventive Services Task Force recommended annual screening for lung cancer for people over age 55 who are heavy smokers or who had been heavy smokers and quit within the last 15 years.

Researchers in the study, published Feb. 28 in Morbidity and Mortality Weekly Report, examined Behavioral Risk Factor Surveillance System data collected in 2017 by 10 states. Among people who fit the task force’s screening criteria, only 12.7% took part in lung cancer screening exams that year.

“States can use the BRFSS lung cancer screening estimates to identify where increased screening is needed, to develop supplementary research projects to evaluate barriers to screening and to monitor the effectiveness of interventions,” the researchers said.

Uninsurance rates jump among kids

The number of U.S. children without health insurance increased by 400,000 between 2016 and 2018, largely due to rollbacks of federal government health programs, according to a report by the Georgetown University Center for Children and Families.

Four million children in the U.S. now have no health coverage, according to the October report. Researchers said that repeals of portions of the Affordable Care Act, funding cuts to Medicaid, funding delays to the Children’s Health Insurance Program, elimination of the individual mandate penalty and other actions accounted for the decrease.

The hardest hit are children who are white or Hispanic, age 6 or below, living in low-income households or a combination. Policies and actions against immigrants by the Trump administration have also contributed to the decrease, the report said, as fears deter some families from enrolling in Medicaid or the Children’s Health Insurance Program, even if they are eligible.

Fifteen states showed significant increases in uninsured children. The most dramatic increases occurred in Tennessee, Georgia, Texas, Utah, West Virginia, Florida and Ohio.

“Recent policy changes and the failure to make children’s health a priority have undercut bipartisan initiatives and the Affordable Care Act, which had propelled our nation forward on children’s health coverage,” said Joan Alker, executive director of the Georgetown University Center for Children and Families and a report author, in a news release.

“This serious erosion of child health coverage is due in large part to the Trump administration’s actions or inactions that have made health coverage harder to access and have deterred families from enrolling their eligible children in Medicaid and CHIP."


Private, public health care spending in US escalates to $3.1 trillion

Health care spending in the U.S. has risen sharply in recent years and now accounts for 18% of the U.S. economy, a study in March’s Journal of the American Medical Association finds.

Researchers examined data from U.S. government health budgets, insurance claims, facility records, household surveys and other records from 1996 through 2016 to estimate cost expenditure for 154 health conditions. They focused on public insurance, such as Medicare and Medicaid, as well as private insurance. They also examined the demographics and health conditions of insured people.

From 1996 to 2016, total health care spending increased from $1.4 trillion to $3.1 trillion, the study found. Private insurance accounted for 48% of health care spending in 2016, public insurance accounted for 45% and out-of-pocket payments accounted for 9.4%. The annual spending growth rate was 2.6% for private insurance, 2.9% for public insurance and 1% for out-of-pocket payments.

“Understanding how much each payer spent on each health condition and how these amounts have changed over time can inform health policy,” researchers said.

Too many smokers miss recommended annual screenings for lung cancer, a study says

Most adults need screening for lung cancer, a study says.

Researchers closely examined data from the Behavioral Risk Factor Surveillance System (BRFSS) lung cancer screening recommendations called for annual screenings for smoking adults only, between ages 55 and 75. In the U.S., 4 million people have a past or current hepatitis C infection, the task force said. Injection drug users are most at risk, followed by heavy smokers or who have a history of injection drug use, blood transfusions or other factors that place them at risk.

Pregnant women should be screened during pregnancy.

For more information, visit www.uspreventiveservicestaskforce.org.

Opioid fatality cases may be undercounted

By examining contributing factors to drug fatalities in the U.S., officials can make more accurate estimates of opioid-related deaths, a study posted in Wiley Online Library in February finds.

Researchers examined records between 1999 and 2016 from the National Center for Health Statistics, Multiple Cause of Death, which showed 600,000 overdose deaths from drugs of all kinds.

Researchers closely examined death records that did not have a specific drug class recorded. They found that over 99,000 of those deaths in fact involved opioids, even though it was not noted in the records.

That means there were about one-quarter more opioid-related deaths than previously recognized in the U.S., according to the researchers. When added to the already-known deaths, there were opioid-related 440,000 deaths from 1999 and 2016, they found.

Improving U.S. health insurance access for pregnant women could potentially save lives by reducing maternal mortality, a study says.

Researchers said.

“Improving U.S. health insurance access for pregnant women could potentially save lives by reducing maternal mortality,” a study says.

To learn more, visit www.jamanetwork.com.
Learn more about donating to the APHA Annual Meeting Student Scholarship Fund provides scholarships to help public health students attend the APHA Annual Meeting.

At the Annual Meeting, scholarship recipients have a unique opportunity to meet and learn from leaders working on the front lines of the nation’s health.

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As COVID-19 continues to spread and affect people in the U.S. and across the globe, Asian people and communities are facing another unwanted outbreak: xenophobic racism. Since the first case of the new coronavirus was reported in Wuhan, China, in December, there’s been a surge in reports of microaggressions, discrimination and violent attacks against people who look Chinese or Asian.

According to faculty at San Francisco State University, there were more than 1,000 reported cases of xenophobia against Asians in America and throughout the world between Jan. 28 and Feb. 24.

For example, a 16-year-old high school student in California was sent to the ER after being attacked by bullies who accused him of having COVID-19 just because of his ethnicity. In New York, an Asian woman wearing a face mask was attacked on the subway and accused of spreading the disease. In Sydney, Australia, a 60-year-old man died of a cardiac arrest outside a Chinese restaurant because bystanders avoided giving him CPR.

Such actions have been fueled by misinformation and misplaced conspiracy theories about the origin of the coronavirus and how it spreads, hurting the health and economic well-being of the community. Chinese towns worldwide have seen a downturn in patronage, with news accounts reporting a 50% decline in business.

Racism and xenophobia against Asians are not new. There’s a long history of blaming Asians for America’s health woes. Xenophobia has often been camouflaged as a concern for the public’s health and hygiene. Worse is what happens when a contagious disease is named after the country in which it first originated. Doing so contributes to xenophobia and racial profiling, which is why the World Health Organization picked the neutral COVID-19 — or Corona Virus Disease 2019 — as the disease’s name.

I encourage all public health professionals, and those they advise, to stop the spread of xenophobia, racism and misinformation by sharing only confirmed and verifiable information pertaining to COVID-19, how it spreads, and how people should protect themselves throughout the world. We need to spread the facts, not the virus.

A significant percentage of the health care workforce — and a growing portion of the public health workforce — who are working at the frontlines to fight COVID-19 are Asian Americans and Pacific Islanders. I urge you to counter overt and systemic racism by presenting the facts, sharing the narratives and ensuring that government leaders support equity-oriented solutions to the COVID-19 crisis.

Xenophobia, racism, and classism should not interfere with preventing and treating COVID-19 in America, or worldwide. We, as public health professionals, must:

◆ Empower people to support their communities by protecting each other and staying safe and well. Don’t let social distancing prevent you from being physically and mentally active and engaged. Join online clubs, participate in the 2020 census and vote by mail. Prevent, track and stop hate incidents and crimes related to COVID-19 by working with local human relations commissions and local and state attorneys general.

◆ Ensure that the $8.3 billion in U.S. emergency aid funding and the $50 billion in the Families First Coronavirus Response Act are spent to equitably prevent, abate and treat COVID-19.

◆ Defend the development and distribution of an affordable and accessible vaccine.

◆ Prevent the spread of COVID-19 by proactively working with business and government to encourage telecommuting and social distancing, being mindful that millions of Americans — particularly those in the service sector and gig economy — don’t have enough sick leave to stay home.

◆ Help contain the spread of the disease through an equity and social justice lens. Don’t disproportionately place quarantine sites in disadvantaged communities. Provide fair and equitable treatment for people experiencing homelessness.

Together, let’s fight fear-mongering with principled and visionary leadership. Evidence-based knowledge and equity-oriented solutions will help us navigate and resolve this pandemic without causing more harm.

— Elena Ong

A version of this article was published on Public Health Newswire in March.
US pedestrian deaths from vehicle crashes increasing in 30 states

PEDESTRIAN FATALITIES from vehicle impacts in 2019 were the highest in the U.S. in over three decades, a February report finds.

The annual report from the Governors Highway Safety Association estimated that 6,590 pedestrian deaths occurred, an increase of 5% from 2018. The U.S. pedestrian mortality rate in 2019 was the highest in the U.S. in over a decade.

New Mexico had the highest rate of pedestrian deaths per resident population, Arizona, California, Florida, Georgia and Texas each had nearly half of all pedestrian deaths in the U.S.

Thirty states had more pedestrian deaths than in 2018, according to the “Spotlight on Highway Safety” report.

The report offers an early look at state and national trends for pedestrian deaths, with data provided by state highway safety offices in 50 states and the District of Columbia. The association gathers the data for the first six months of each year, then projects pedestrian deaths over a full year.

Over the past decade, U.S. deaths of drivers or passengers in car crashes have increased by only 2%, but among pedestrians, the mortality increase is 17%.

“The alarm bells continue to sound on this issue,” Jonathan Adkins, executive director of the Governors Highway Safety Association, said in a news release. “It’s clear we need to fortify our collective efforts to protect pedestrians and reverse the trend.”

The upsurge of pedestrian-auto impacts appears to be connected to driver distraction due to cellphone use, the report said. Also, alcohol intoxication of either driver or pedestrian accounted for nearly half of pedestrian fatalities and two-thirds of pedestrian-auto crashes happen at night on local roads, suggesting the need for safer road crossings and ways to make people more visible.

Although passenger cars are most often involved in fatal pedestrian crashes, over the last decade, SUV-pedestrian crashes — which tend to cause greater injuries and deaths to people outside the vehicles than smaller cars do — have increased by 81%.

The report also offered some positive news. Twenty states and the District of Columbia had fewer pedestrian deaths last year compared to 2018.

Vermont and Idaho had the fewest fatalities per resident population.

The full report, including infographics and state-by-state data, is available at www.ghsa.org/resources/Pedestrians20. — Mark Barna

COLORADO LIMITING CARBON EMISSIONS Colorado is moving forward with proposals to combat climate change. In February, officials with the Colorado Department of Public Health and Environment proposed rules for reporting greenhouse gases and reducing hydrofluorocarbons, a group of particularly potent greenhouse gases.

A reporting rule would apply to several categories of polluters, such as industrial wastewater treatment facilities, and build on requirements already in place for oil and gas producers. A hydrofluorocarbons rule would phase out the use of the compounds in aerosol propellants, chillers, foam and stationary refrigeration.

“Colorado can’t solve the global climate crisis on its own, but we certainly must lead by example, and that’s what we’re doing,” said John Putnam, director of environmental operations at the Colorado Department of Public Health and Environment, in a news release.

For more information, visit www.colorado.gov. — Kim Krisberg

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STATE & LOCAL
Issues at the state and community levels

MENTAL HEALTH FOCUS OF ALABAMA PROGRAM

A new public health campaign in Alabama is working to reduce stigma related to mental health illness, substance and opioid use disorders, HIV and hepatitis C.

The Alabama Department of Public Health, along with the Alabama Department of Mental Health, launched “Stop Judging. Start Healing” in December. The campaign is educating people on the stigma that comes with certain language such as “addict.”

“The stigma that surrounds mental illness and substance use disorder is the number one barrier to treatment and recovery,” said Lynn Behezer, RN, commissioner of the Alabama Department of Mental Health, in a news release.

For more information, visit www.stopjudging.org.

HOUSTON LEADERS FOCUS ON HEALTH

Health leaders in Harris County, Texas, are taking an in-depth look at the health of their community and taking action to promote lasting, dramatic change.

In November, Harris County Public Health in Houston, Texas, released a sweeping report on the community’s health and offered transformational recommendations for improvement. The report looked at broad determinants that influence health including injury, transportation and emergency preparedness.

Among many findings, “Harris Cares: A 2020 Vision of Health in Harris County” found that more than 1 in 5 adults lacked health insurance, with the population growing faster than the local health care infrastructure. Average life expectancy in the county is 78.7 years, though some census tracts show a life expectancy as low as 65.

The report shared five recommendations, such as driving systems-level change through prevention.

“In the end, strategic investments ‘upstream’ in prevention are our best hope,” said APHA member Umair Shah, MD, MPH, executive director of Harris County Public Health, in a message to readers.

For information on the report, visit http://publichealth.harriscountytx.gov.

MAY 2020 • THE NATION’S HEALTH | 11

MASSACHUSETTS TAKES ON SEXUAL ASSAULT

Massachusetts is launching a new round of work to prevent sexual violence among young people.

In February, the office of Gov. Charlie Baker announced nearly $1 million in grants to help promote healthy relationships and prevent sexual violence among people ages 12 to 18. Grantees will work to enact policies and practices within organizations that serve youth and school-based settings that prevent sexual assault and dating violence.

Among the grant recipients is the Boston Public Health Commission, which will partner with local organizations to reach black and Hispanic youth, and LGBTQ youth of color.

“Young people will be the ones helping to design these programs with their peers,” said APHA member Monica Bliarel, MD, MPH, commissioner of the Massachusetts Department of Public Health, in a news release. “Their voices and experiences will be integral to our ability to create successful strategies.”

The new grant-funded work will build on the state’s Respectfully campaign, which launched last year and was Massachusetts’ first prevention and awareness campaign in more than two decades focused on promoting healthy relationships among youth.

For more information on the Respectfully campaign, visit www.mass.gov/respectfully.

“Stop judging image courtesy ADPH

Helping teenagers have healthy relationships is the goal of a new round of work launched this spring in Massachusetts.
COVID-19, Continued from Page 3

Years of underfunding make public health fight against COVID-19 harder

Photo by Hyoung Chang, courtesy MediaNewsGroup/The Denver Post/Getty Images

Accessioning technician David Storey processes samples for COVID-19 testing at the Colorado Department of Public Health and Environment Laboratory Services Division on March 14.

Workers track information on COVID-19 at a California Department of Public Health coordination center on Feb. 27. On March 20, the state ordered residents to stay home.

Photo courtesy Justin Sullivan, Getty Images

Photo by Tayfun Coskun, courtesy Anadolu Agency/Getty Images

New York City's Times Square is deserted March 20 as a CDC message reminds people to wash their hands. New York Gov. Andrew Cuomo ordered all non-essential businesses in the state to close and for people to stay indoors as much as possible to help slow the spread of COVID-19.

What happens is that you just don’t have a deep bench waiting there to be activated — you’re starting from a place of deficit,” said Adriane Casalotti, MPH, MSW, chief of government and public affairs at the National Association of County and City Health Officials, which activated an incident command structure to support local health agencies. “At a local level, health departments don’t have a pile of dollars waiting to be activated.”

On March 6, federal lawmakers authorized $8.3 billion in emergency funding for states, localities, territories and tribes. On March 11, CDC announced that $560 million of that funding would be awarded in an initial round to state and local jurisdictions. Initially, the Trump administration proposed taking emergency funds from other important public health line items, such as immunization and environmental health programs. But thanks to the work of public health advocates, the final emergency funding law did not include that proposal, ensuring any shifted funds get replenished.

“Depleting other areas of public health doesn’t help us as a nation,” NACCHO’s Casalotti told The Nation’s Health in March. “Response will always be complicated, so we need to do everything we can to avoid that burden, and it’s difficult to do that when there’s a lot of mixed messages. The more everyone can be on the same page and clear and honest, the better we’re able to focus on the things we need to do at the local level.”

Federal emergency funds are “essential and lifesaving,” said John Auerbach, MBA, president and CEO of Trust for America’s Health, in March. State and local resources are not enough on their own to combat COVID-19, he said. “The public health system is frayed at the edges right now from under-funding,” said Auerbach, an APHA member. “There have clearly been other factors here that impeded the early response (to COVID-19). We should have been doing wide-spread testing much earlier. There should have been national messaging much earlier...But this is another reminder that we are not serving the public without paying attention to public health during a tragic event.”

Pandemic shows gaps in safety net

The pandemic is also exposing and exploiting glaring social and economic inequities, such as gaps in paid sick leave, health coverage, wages and access to clean water, issues that public health advocates have long warned pose a threat to the nation’s health security. At every level of government, policymakers are working to mitigate those gaps — such as extending paid sick leave, halting evictions, re-opening insurance enrollment and ensuring free COVID-19 testing — but shortfalls remain.

“Those corners into crystal-clear focus that the social determinants of health and the inequities we see, as well as social factors like racism and poverty, are creating the foundations for resiliency or risk,” said APHA member Carlene Pavlos, MTS, executive director of the Massachusetts Public Health Association. “We are only as safe and prepared as our most marginalized communities.”

The task force included stakeholders from across vulnerable communities, including those representing immigrants, low-wage workers, food service providers, health care providers and people who are homeless or have disabilities.

“We can respond in a way that builds public health and community resilience, and healthy, equitable communities for the long term,” Pavlos told The Nation’s Health.

In Missouri, APHA member Rex Archer, MD, MPH, director of health at the Kansas City Health Department, said knowledge of how to effectively respond to health emergencies gets better every year, but the shrinking local health workforce is a barrier.

“It’s like our brain has expanded in knowing what to do, while our arms and legs are getting cut off,” Archer told The Nation’s Health.

In mid-March, Archer said the majority of his agency’s COVID-19 testing requests had been denied based on CDC’s testing criteria. There were no resources available to do surveillance testing in the city, he said.

Communication challenges had been steep as well, Archer told The Nation’s Health, noting that the agency initially was “hammered” with calls from providers and residents reacting to false information coming out of the White House that anyone could access COVID-19 testing. Echoing Pavlos, he said the pandemic is a stark reminder that health equity is key to health security. As of March 18, Missouri had confirmed 24 cases.

“Shame on all of us if we go through this crisis and don’t get mandatory sick leave for our population,” Archer said. “Shame on all of us if we don’t solve the issue of health care access. Shame on all of us if we can’t figure out how to feed folks living paycheck to paycheck. We need to face these issues.”


— Kim Krisberg
AFFILIATES IN BRIEF

Massachusetts rallies for health equity

As the U.S. COVID-19 outbreak worsened in March, the Massachusetts Public Health Association took swift action, rallying state health advocates and pushing policymakers to make equity-focused decisions.

The association announced an Emergency Task Force on Coronavirus and Equity on March 10. Ten days later, the task force released a set of recommendations, calling on policymakers to:

- ensure that immigrants have safe access to testing and treatment,
- guarantee that everyone has access to safe quarantine,
- enact emergency paid sick time, and
- create a moratorium on evictions, foreclosures and termination of public benefits.

Nearly 100 public health, grassroots, civil rights, medical, labor and social service organizations encompassing a range of fields supported the recommendations.

The policy recommendations “are at the intersection of what should be done and what can be done…that will have an immediate impact on people’s lives,” according to APHA member Sandro Galea, MD, MPH, DrPH, task force co-chair and dean of Boston University’s School of Public Health, during a March 20 media briefing.

By focusing on the needs of specific populations, instead of blanket proposals that would benefit the general population, Galea said that the task force has a unique role to play.

The task force began working immediately with state legislators in hopes of making the proposals a reality, with work expected to progress quickly in light of the rapidly increasing spread of COVID-19. On the day the recommendations were released, there were more than 15,200 cases of COVID-19 in the U.S., with 528 deaths and 328 cases of community transmission in Massachusetts.

Mississippi explores vaping prevention

Recognizing the threat that e-cigarette use poses to state residents, the Mississippi Public Health Association joined with other health advocates to take on the issue this winter.

The 2020 Vaping Summit, held on Feb. 5 in Jackson, Mississippi, brought parents, educators and health officials together to discuss the increasing popularity of vaping products among state youth. The 2018 Youth Tobacco Survey found that vaping was prevalent among 21.6% of youth in the state.

“Anecdotally, I think we’re all seeing that the problem is worse than the data we have suggests,” MPHA Executive Director Charles Daughdrill told The Nation’s Health. “These products are so common in our schools. We have to act.”

The Mississippi association hosted a table at the summit with resources for participants, and two MPHA members made presentations.

The ability to engage directly with parents, teachers and other community members was beneficial, Daughdrill said.

While we are seeing these trends on a national level, we have to be working on this at the community level,” he said.

The APHA-affiliated group supports measures that will prevent youth e-cigarette use, including classifying the products as tobacco, increasing taxes and raising the purchase age.

Pennsylvania, Cuba form partnership

The Pennsylvania Public Health Association has joined forces with the Cuban Society of Public Health to share information, knowledge and strengthen activities.

At APHA’s 2019 Annual Meeting and Expo in Philadelphia in November, the two public health organizations signed a formal agreement outlining how they will work more closely together.

The intention is to “strengthen both organizations through partnership and collaboration,” Stephanie Shell, executive director of PPHA told The Nation’s Health.

In addition to exchanging knowledge on policy, strategy and programs, the two groups hope to find areas to conduct joint research. The agreement highlights areas of specific interest, including social determinants of health, health in natural and human disasters, and sustainable development goals.

The Cuban society will work to promote Pennsylvania Public Health Association events to its members, while the association will provide several memberships to Cuban society members. Members of the Pennsylvania association also plan to travel to Cuba to visit the society.

The partnership builds on an established relationship between APHA and the Cuban Society of Public Health. The Pennsylvania Public Health Association and Puerto Rico Public Health Association have a similar partnership.

— Aaron Warnick

Mississippi Public Health Association members met with other advocates at the 2020 Vaping Summit Feb. 5 in Jackson.
Control of Communicable Diseases: Laboratory Practice
EDITED BY BURTON W. WILKE, JR, PHD AND DAVID HEYMANN, MD

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

Laboratory Practice gives an overview of the latest laboratory procedures for each disease, as well as information on laboratory safety practices, the critical role of quality assurance in all testing and the importance of laboratory informatics and rapid reporting processes. With in-depth detail for each disease, this is a must-have for all laboratory scientists, epidemiologists and others involved with communicable disease control. Laboratory Practice supports both planning and response for disease control.


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MAY 2020 • THE NATION’S HEALTH

Nursing mothers need paid break time for breastfeeding

Children, seniors, pregnant women and people with certain medical conditions are particularly at risk to the advocates said. Holding them in close quarters can result in an influenza outbreak. As of mid-March, there have been at least 36 million illnesses, 370,000 hospitalizations and 22,000 deaths from flu this season, the Centers for Disease Control and Prevention estimates.

Expand workplace breastfeeding law

Nursing mothers need break time at work to breastfeed their children. But an oversight in a federal law excludes millions of women from legally taking a paid break to do so. A loophole in a 2010 law on breastfeeding protections excluded salaried and other categories of employees from being protected. The Providing Urgent Maternal Protections for Nursing Mothers Act, which would expand protections to them, is important for the health of both mothers and their infants, APHA and partners said in a Jan. 24 letter to Congress. If adopted, the bill would also clarify when employees who are salaried or hourly are compensated for nursing time as well as ensure that nursing mothers have remedial action if they are not compensated. Breastfeeding is important for a baby’s health. Lactated that service lines children have reduced risk of obesity, diabetes, asthma and childhood leukemia. Women who breastfeed reduce their risk of diabetes, cardiovascular disease, and various cancers.

Replace lead pipes in poor communities

Children who drink water containing metal pollutants from old pipes can suffer mental and physical health problems that can last a lifetime. In Feb. 11 comments to the U.S. Environmental Protection Agency on a revision to the 1991 Lead and Copper Rule, APHA recommended that service lines made of lead or copper be replaced. Water systems own the pipes on public land and should pay for the replacements, while disadvantaged homeowners should receive funding assistance on private land or have water systems pay for replacements. Many U.S. cities, counties and municipalities offer financial aid options, from paying fully to paying partially to offering 0% financing of pipe replacement on private property. Many also already have programs in place to replace public lead service lines.

The first step in high-risk regions is to have a publicly accessible inventory of lead service lines conducted, APHA said. The revision should also prioritize replacement for the most vulnerable, such as children, low-income communities and communities of color.

Walking, bicycling help environment

Walking or biking to destinations rather than driving improves health through exercise and lowers carbon emissions. H.R. 5696, the Connecting America’s Active Transportation System Act, would encourage the behaviors and improve health and the environment, APHA and partners said in a Jan. 25 letter to congressional committees. The bill would provide $500 million each year in federal grants to build walking and biking routes in communities. The routes would connect shopping and recreation areas in communities to incentivize travel by means other than car.

Many tasks can be completed without driving. Almost half of car trips are within a 20-minute bike ride from home, and 20% are within a 20-minute walk, the advocates told the U.S. House of Representatives’ Transportation and Infrastructure Committee and House Highways and Transit Subcommittee.
To bend with ease, take care of your knees

By Aaron Warnick

At some point during your life, it’s likely you’ll experience problems with your knees. Knees play an important role in helping us walk and bend, which means that they’re frequently in use. And like all parts of our bodies, sometimes they can wear out or be injured.

Think of your knees as part of a machine. Without regular upkeep, the system is strained and will eventually fail. And while you can’t oil up your knees to make them more efficient, you can find ways to reduce the stress you put on them — allowing them to function better throughout your life.

“Knee health is so important for mobility, functionality and comfort,” says Alice Wilcoxson, PhD, a physical therapist and professor at Purdue University.

Keep it moving

Keeping your knees healthy is largely about making healthy lifestyle choices. One is to stay active. When you’re at work or home, make sure to take frequent breaks from sitting.

■ Of groceries, think about making multiple trips to carry them.

■ If you’re going on a run or walk, think about the surface you’ll be on. Dirt and grass will be softer on your knees than pavement, meaning your knees will sustain less wear.

■ Eating well can also benefit your knees. Make sure you’re getting enough calcium and vitamin D to strengthen your bones. A healthy diet can also help keep weight in a normal BMI range. People who are overweight or obese place a lot of extra weight on their knee joints, as well as their hips and back.

Reach out for relief

If your knees hurt due to age or injury, it might seem like there is nothing you can do for better knee health. But that’s not true. With help, you can find some relief.

Talk to your health care provider about your knee pain. It’s possible you’re experiencing arthritis that is treatable with medicine. Or you may have an injury that can be healed through a medical procedure or physical therapy.

When you engage in physical therapy, stick with the routine and have patience, even if the exercises seem easy or boring. Some of the therapies for knee injury or pain take weeks or months, depending on the severity of your problem.

Your insurance may limit how many visits you can make to a physical therapist, but work to rehabilitate your knees is not over when your visits are.

Many physical therapy exercises can be done at home. Physical therapy patients are typically given instructions for stretches and exercise to do regularly on their own.

“It’s critical that you communicate with your physical therapist and you follow the home exercise program,” Wilcoxson says.

Stretch it out before you work out

Regular stretching can help keep your knees in shape, especially if you do it if before you exercise.

■ Stretching is important, but don’t start out your exercise routine that way. Do a little exercise such as a light jog or skipping to warm up and get your blood pumping.

■ Once you get your body temperature up a little bit, then stretch, holding each pose for 10 to 30 seconds.

■ Don’t overdo your workout. Stretching won’t prevent injury if you exercise too much. All it takes is one bad step to get hurt.

■ After your workout, remember to stretch some more.