Uninsured rising
More states moving to operate their own health exchanges

As retailers, services and other businesses shut down in spring because of the COVID-19 outbreak, people across the U.S. abruptly lost their jobs, with 22 million people out of work by mid-April. Along with losing employment and income, millions also lost their health insurance or ability to pay for it. And though the Affordable Care Act was created to ensure that all Americans could have access to health coverage, some of the unemployed quickly learned that whether they could get coverage depended on where they lived.

In 11 states and the District of Columbia, officials authorized special open enrollment periods so that residents who lost their jobs — or already lacked health insurance and wanted to buy it — could

See EXCHANGES, Page 8

Despite resource gaps, workers fight on
Already-strained US public health workforce grapples with COVID-19

FOR YEARS, U.S. public health advocates sounded the alarm on funding declines, workforce shortages and health inequities, all in an attempt to prevent the stark consequences that unfolded this spring.

Months into the nation’s COVID-19 response, health agencies struggled with gaps in response and testing, while at the same time preparing their already-strained systems for the weeks and months ahead. As local health agencies faced the worst public health emergency in a century, they were also bracing for serious workforce ramifications, both from the economic downturn and overwhelming response needs. Among those may be another round of recession-era staff losses, reported APHA member Lori Tremmel

See WORKFORCE, Page 12

Innovations boost public health work
Technology playing central role in COVID-19 response

WITH COVID-19 SPREADING rapidly this spring and local health workers facing surveillance gaps, researcher John Brownstein knew it was time to redeploy a technology he originally helped build to track another potential pandemic trigger — influenza.

“There’s so much mild (COVID-19) illness in the community going unchecked, and it represents a huge amount of missing information,” Brownstein, PhD, chief innovation officer at Children’s Hospital

See TECHNOLOGY, Page 6
Protecting workers from COVID-19

As the COVID-19 pandemic has spread across the U.S., it has sickened and killed thousands of patients, but it has also harmed those who are caring for them. As of April 9, about 9,300 health care personnel had been infected by the disease, with 27 deaths, according to the Centers for Disease Control and Prevention.

To help protect workers, the Occupational Safety and Health Administration should immediately grant the American Federation of Labor and Congress of Industrial Organizations’ petition for an OSHA emergency temporary standard for infectious disease, APHA and partners said in a March 13 letter to the U.S. Department of Labor.

COVID-19 poses a significant risk to not only health care workers, but also first responders, airline and other transportation workers, workers and other workers interacting regularly with the public, the advocates noted.

The emergency temporary standard should include a comprehensive scope of those workers who need to be protected, an exposure control plan and methods of compliance.

“If these workers contract COVID-19 or are subject to prolonged quarantine because of potential exposure, they will not be available to assist and treat other infected patients, which would impede severely the ability of our health care system to stem the COVID-19 epidemic, as well as handle the usual flow of patients with other acute and chronic diseases,” the advocates said.

Premarket reviews on tobacco a must

The e-cigarette and flavored cigar industry has created and marketed products that have resulted in a new generation of smokers being addicted to nicotine, APHA and partners said in a friend-of-the-court brief filed Feb. 27. The brief was in response to the appellate case American Academy of Pediatrics v. United States Food and Drug Administration, E-Liquid Manufacturing Standards Association and the Cigar Association of America.

In 2009, before e-cigarettes and certain flavored cigars were on the market, Congress enacted the Family Smoking Prevention and Tobacco Control Act, which gave FDA the authority to regulate the tobacco industry. But the FDA did not conduct premarket reviews of e-cigarettes, violating Congress’ mandate, the brief said.

Thank you, public health workforce

Giving gratitude to workers on front lines of COVID-19 pandemic

The public health workforce received a chorus of accolades during National Public Health Week for its tireless battle against COVID-19, thanks to the efforts of grateful supporters.

As thousands of health professionals across the U.S. fought to contain the disease outbreak, APHA and fellow public health groups shared their gratitude and encouraged others to do the same. Public health fans responded en masse, posting messages of appreciation online.

APHA launched the wave of acknowledgements by debuting a new video — featuring leaders from groups such as the Association of Public Health Laboratories, Society for Public Health Education and National Association of County and City Health Officials — that thanked public health workers.

“We know that public health is a team sport, and I want you to know that I’ve never been more proud of you, the nation’s public health team,” said U.S. Surgeon General Jerome Adams, MD, MPH, in the video. “Whether you’re working on the COVID-19 response directly or indirectly, the fact is we need you now more than ever.”

Viewers were encouraged to create their own videos and share messages using the #ThankYouPublicHealth hashtag. APHA’s NPHW team provided shareable graphics that supporters could use to thank people serving their communities during the outbreak, including volunteers, essential workers and public health professionals.

“Let us all remember that the strongest people are not those...that show their strength by their muscles or their might, but rather their courage, caring and collaboration,” said Elaine Auld, MPH, MHCES, SOPHE’s CEO, in the video. “Thank you, public health, for all you’re doing. We owe you a debt of gratitude.”

While APHA worked to applaud the public health workforce as a whole, a related rally offered recognition on a more focused scale. The Thank A Public Health Hero campaign urged people to celebrate a specific person or organization by providing their name to CityHealth, which then shared the thanks on Twitter.

Participants thanked colleagues, health departments, advocates, leaders and more. APHA and dozens of organizations also banded together to help tell the story of the COVID-19 public health response, thanks to the work of the de Beaumont Foundation. On April 6, the foundation launched WhyPublicHealth Matters.org, a website where public health workers can record and upload short videos relaying their personal experiences.

“Public health professionals often go unnoticed and uncelebrated,” said journalist and producer Soledad O’Brien in a video promoting the effort. “You can help change that. Show the world what public health really is.”

The de Beaumont Foundation also released a new infographic, “5 Ways Public Health Departments Protect Your Community,” with a focus on COVID-19 work. And on April 12, directors of the Northern Illinois Public Health Consortium sponsored a full-page advertisement in the Chicago Tribune thanking public health professionals for their work in fighting COVID-19.

“We know the hours are long, the stress intense, the fear too real,” the ad said. “You are on the front lines fighting this invisible enemy and preventing and slowing its spread. We will make it through this together — thanks, in large part, to you.”

To view the APHA video, visit www.youtube.com/aphade.

— Michele Late
THERE IS NO HEALTH without mental health. Mental health is essential to public health. There is a clear burden when mental health is poor. People who experience mental disorders lose a median of 10 years of life, a recent review of 24 studies found. About 14.3% of global deaths — equating to 8 million per year — are estimated to be associated with mental disorders.

TODAY, there is strong evidence of the bidirectional link between mental health and physical health outcomes. Even half a century ago it was said that “without mental health, there can be no true physical health.”

Still, the perception persists that the mind and body are separate, rather than interrelated. Health is not one dimensional; mental health and physical health are inextricable.

Poor mental health is highly stigmatized. Yet 1 in 5 U.S. adults experiences mental health challenges in any given year, and the number climbs to 1 in 2 over a lifetime. Most of us know someone who has struggled or is struggling, most often with anxiety disorders or depression. The numbers of those who wrestle with substance abuse disorders are on par with those who have diabetes. The broader impact on communities, families and society is even larger.

Passion about public health should include mental health. Mental health is impacted positively and negatively by the same factors — the same social determinants are the concerns of mental health and physical health alike. Public health should promote cross-sector partnerships to address these links.

This is public health. This is our lane.

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

State and local policymakers involved in air quality decisions under the Clean Air Act could use the study findings to promote a broad strategy that promotes equity and reduces particulate matter emissions, the researchers said.

Heart disease risks high for blacks

Differences in socioeconomic status and risk factors may explain why U.S. blacks die at a higher rate from cardiovascular disease than whites, a study in May’s American Journal of Public Health.

Researchers examined data from 2003-2007 medical records of over 30,000 blacks and whites who were ages 45 or older. Other records were used to determine causes of death and learn more on demographics. Participants were followed from their baseline examination between 2003 and 2007 to their death, or to the end of 2016 if they did not die. Overall, 1,550 participants died of cardiovascular disease.

Black people in the study tended to die earlier than whites. The black-white ratio of heart disease mortality rate was 2.25 and 1.21, respectively, for people younger than age 65, the study said. For those 65 and older, the mortality rate was 1.58 and 1.12.

Researchers determined that health risk factors explained 57% of mortality differences between blacks and whites younger than 65, and 41% of mortality differences for those age 65 and older.

— Mark Barna

For studies and podcasts from APHP, visit www.aphp.org

A woman checks a smartphone app that gives air pollution alerts. Minority communities tend to have higher levels of air pollution than white communities, even after plants close.
APHA IN BRIEF

APHA co-organizes COVID-19 webinars

During the height of the COVID-19 pandemic this spring, APHA and the National Academy of Medicine joined forces to bring science and updates on the disease to public health and medical professionals. The two organizations partnered on a weekly COVID-19 Conversations webinar series to share expert information and field questions from an audience of tens of thousands. Topics on the live broadcasts ranged from historical lessons from past pandemics to discussions on emerging ethical issues surrounding treatment.

Opening on March 25, the series kicked off with a two-part webinar on physical distancing, delving later into topics such as crisis standards of care and emerging research on the infectious disease.

Scientists showed that physical distancing slowed transmission, “but if we let up on these measures, we can expect to see a rise in cases once again,” Jennifer Nuzzo, DrPH, SM, senior scholar at Johns Hopkins Center for Health Security, said during the April 1 webinar. She also called on legislators and leaders to learn from the pandemic and make changes for the future.

“We don’t want to come out of this and still expect the same vulnerability,” she said. “We need to come out of this with a reimagined health system that is not so susceptible to collapse.”

Recordings from the series are available to watch online.

For more information on the webinars, visit www.covid19conversations.org.

US regional climate facts available online

Solutions to the climate are not always one-size-fits-all.

To respond to some of the varying impacts of climate change, APHA’s Center for Climate, Health and Equity released regional climate fact sheets in March.

The fact sheets share location-specific information for U.S. regions, such as the Midwest and Southern Great Plains, and state-focused information for Alaska and California. A template is available to create fact sheets for specific jurisdictions.

“Climate change impacts us all, but not necessarily all in the same way,” Rachel McMonagle, MEM, climate change program manager within APHA’s Center for Climate, Health and Equity, told The Nation’s Health. “Through a regional approach, we want to empower public health to advocate on a local level by educating their stakeholders and policymakers.”

The fact sheets use data from the Centers for Disease Control and Prevention and the National Oceanic and Atmospheric Administration.

The idea for the tools came from APHA’s Speak for Health Bootcamp, during which mentors and early-career public health professionals worked to sharpen their advocacy skills. The advocates met with legislators from their home state and were provided with fact sheets that were tailored to their states.

To download the fact sheets, visit www.apha.org/climate-change.

Project examining APHA member groups

APHA’s membership contains a wealth of passionate public health professionals who have a diverse range of expertise. But for years, APHA has had a moratorium on creating new member groups — the structure under which members organize into specialty groups, such as environment or oral health care. With nearly 40 member groups, adding more risked diluting the strength of the Association, according to Alan Baker, MA, chair of the advisory committee of APHA’s Member Unit Effectiveness and Engagement Project. But the moratorium cannot last forever.

“Members want a group to reflect their interests and expertise,” he told The Nation’s Health. “We want to find the best way to engage members in a way that fulfills their needs.”

To make sure that is possible, the project, made of up of APHA members and staff, is working with Brighter Strategies, a consulting firm, to evaluate how APHA’s member groups organize and function.

In February, the firm sent a survey to APHA members, receiving thousands of responses, and in March, it began virtual focus groups. The review is on track to conclude in 2021.

“Through this process we’re learning a lot about what works well and how we can best serve members,” Baker said.

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

Conversation guides released in March

From building bike infrastructure in Arkansas to reimagining urban alleyways in Baltimore, cross-collaborative projects can help build healthier places to live, work and play.

To help kick-start community partnerships, a coalition of public health, design and planning organizations, including APHA, released conversation guides in March.

The case studies examine 10 successful cross-collaborations from cities across the U.S.

“We strongly advocate for multidisciplinary partnerships to create strengths and sustain environments that benefit our communities and those facing health inequalities,” Kate Robb, MSPH, environmental health senior program manager within APHA’s Center for Climate, Health and Equity, told The Nation’s Health.

The downloadable guides break down the questions asked during a project. From starting the conversation to closing the loop, the guides show examples of how to engage partners.

The conversation guides build on core values from the Joint Call to Action to Promote Healthy Communities, which provides a framework for effective local, state and regional collaboration on the built environment.

To access the guides, visit bit.ly/ConversationGuides.

Humanizing climate change in stories

APHA’s Center for Climate, Health and Equity is encouraging people to share their climate stories. Stories will appear in Tiny Climate Chronicles on how climate change is impacting people’s lives. By sharing stories, staff from the center hope to make climate change relatable.

“Public health professionals have the facts and statistics, but we’re hoping to help the storyteller couple the numbers with the emotional side of what those numbers mean to people,” Surili Patel, MS, director of APHA’s Center for Climate, Health and Equity, told The Nation’s Health.

Promoting storytelling as a means of humanizing the damage done by climate change has become part of the center’s recent outreach efforts, Patel said. The center offers presentations on storytelling at conferences and a short guide is available online for public download.

To submit a story or download the guide, visit bit.ly/Climate-Stories.

— Aaron Warnick
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Technology playing central role in work to track, control COVID-19

So with help from volunteers at tech companies that included Google and Airbnb, COVID Near You launched in mid-March, with a goal of giving U.S. public health officials and residents another — and perhaps quicker — way of pinpointing ongoing and potential hotspots.

Within a month, COVID Near You amassed more than 800,000 voluntary participants across the U.S., Canada and Mexico, Brownstein reported, which far surpasses Flu Near You’s participant high of 400,000. As of April, work was underway to build an accompanying public health dashboard, expected by June, to help local officials access and use the data.

“How are we going to understand how to get back to normal if we don’t know what’s happening?” said Brownstein, an APHA member. “This can help fill in those blanks.”

With considerable gaps in testing, tracking and tracing hampering the U.S. COVID-19 response, tech innovations to help monitor and control the disease are popping up across the country, from tools that track where people are physically distancing to tools that help hospitals predict and plan for increasing patient loads. In March, for example, Unacast, a location data and analytics company, released its Social Distancing Scoreboard, which uses smartphone data to measure reductions in travel distance at the county level and grades states on how well their residents are maintaining physical distancing. As of mid-April, the country as a whole was at a “C-”.

In Washington state, researchers at Fred Hutchinson Cancer Research Center recently launched Work on Next-Trace, a survey-based contact tracing platform that local public health officials eventually will be able to deploy in their communities. Across the country at Penn Medicine, in March, researchers released COVID-19 Hospital Impact Model for Epidemics, or CHIME, an open-source tool to help hospitals plan for patient surges.

Millions of people around the world have been tuning in to Johns Hopkins University’s COVID-19 Dashboard, which shares open-source data on incidence, testing, hospitalization rates and more. And Apple and Google announced work in April to use Bluetooth technology to help boost contact tracing capacity.

Leading science agencies are leveraging their technological know-how as well. NASA, for example, is lending its supercomputing and artificial intelligence expertise to the national COVID-19 response, calling on its workforce in April to brainstorm innovative ways to help. At the global level, also in April, the World Health Organization announced a partnership with the private sector to text critical health information to billions without internet access.

“A lot of people (in the technology sector) want to help but don’t know where to start,” said Bob Borek, chief operating officer at Datavant, a health data and technology company. “To help steer that energy toward solutions that come with mining personal data, he noted. “But the finding highlights the risk of relying on untested data methods to deploy already-limited health resources, as well as the privacy issues that come with mining personal data, he noted.

As an alternative to fully collected data, some researchers are using zip codes and what they call ‘case surrogates’ to help with contact tracing. For example, leakage modeling, McDonald said it may be more useful for many big tech companies to shore up their own gaps, such as plugging the online flow of misinformation and fake medical advice.

“We’ve already seen the cost of driving confidently ahead with weak science,” he told The Nation’s Health. “It’s important that we don’t let the technology jump ahead of the science.”

To sign up for COVID Near You, visit covidnearyou.org. (APHA)

— Kim Krisberg

Photo courtesy COVID Near You

COVID Near You uses crowdsourced information on symptoms to map potential disease hotspots. Volunteers report symptoms daily, with more than 80,000 participants in the first month.

TECHNOLOGY, Continued from Page 1

Boston, told The Nation’s Health. “We’re flying blind in terms of our ability to understand the path it’s taking through our communities.”

To help fill the void, Brownstein and colleagues looked to Flu Near You, a crowdsourced disease surveillance tool they launched in 2012 that collects and maps self-reported flu-like symptoms. With research showing Flu Near You often captured data mirroring more traditional surveillance methods, Brownstein said it made sense to launch a sister tool to track the novel coronavirus, especially with so many cases going undiagnosed and contact tracing woefully behind.

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THE NATION’S HEALTH • JUNE 2020 6
Communities get creative to help vulnerable people during COVID-19

As the COVID-19 outbreak shut down communities this spring, programs such as Adopt-A-Grandparent in Mesa, Arizona, helped vulnerable residents receive necessary items.

As COVID-19 and its economic aftermath spread across the country, U.S. communities are finding creative ways and partnerships to protect their most vulnerable residents.

"This whole thing has highlighted the best part about our city — the people," said John Giles, mayor of Mesa, Arizona, the second-largest city in the Phoenix metro area. "In the middle of a very serious, scary challenge, people are connecting and extending kindness to strangers."

In March, the city helped launch a new Adopt-A-Grandparent program to assist local seniors with grocery and prescription pickups, making it easier for them to minimize their risk and stay home.

Initial activities focused on scaling up outreach to identify seniors in need and connect them with volunteers through Our City-Mesa, a local network of faith, nonprofit, municipal and business leaders. Data show that older adults face significantly higher risks of severe complications from COVID-19.

Giles said he proposed the idea after his own experience volunteering at a food bank just weeks before the program launched.

"It was shocking, the number of seniors we were serving," he told The Nation's Health. "They're one of the most at-risk populations in our community and it was frightening that they felt so compelled with food insecurity that they were leaving the safety of their homes. It was a very sobering moment."

The coronavirus not only spreads illness; it also wreaks havoc on local economies and exacerbates existing needs. In Cambridge, Massachusetts, city officials launched a program to address both issues, contracting with local restaurants to make and deliver meals to homeless shelters.

Jeremy Warnick, director of communications for the city of Cambridge, said the project kicked off in response to capacity issues at local shelters. They had been forced to cut staffing numbers and accommodate fewer people to maintain safe distancing even as the people arriving increased.

In response, the city leveraged its existing relationships with two neighborhood business associations — both representing areas where a large majority of the city's homeless programs operate — to find restaurants interested in making, assembling and delivering bagged and boxed meals. The program launched in late March, and by its third week, 25 restaurants were participating and providing nearly 2,000 meals each week across 10 shelters, Warnick said. Cambridge will keep the work going as long as there is interest and need.

"The city is investing in the local economy through the restaurants, and the restaurants are providing a valuable service to shelters that don't have the ability right now to make these meals like they used to prior to the pandemic," he told The Nation's Health.

For many people who are especially vulnerable to COVID-19, the pandemic is also exacerbating transportation challenges, especially among those who rely on public transit. To confront the problem, the National Council on Aging pivoted an existing partnership with the ride-hailing company Lyft to provide free rides to caregivers who support homebound older adults.

The service launched in late March in partnership with three senior centers in Oak Park, Illinois; Brookline, Massachusetts; and San Diego. The centers identify local seniors who need the service and help them sign up and schedule rides.

Ken Bracht, MBA, chief marketing and business development officer at the National Council on Aging, noted that many homebound older adults rely on family members or caregivers who use public transit, which could expose both to increased risk of COVID-19 infection. The service builds on a previous pilot project between the council and Lyft that offered free rides to older adults facing barriers to finding transportation to and from doctor’s appointments. That pilot also ran in three cities and provided about 1,000 rides between June and January last year, Bracht said.

Based on demand, Bracht said the council hopes to expand the service to more areas in need. "When there's an alignment of values, there's a real opportunity for partnerships between sectors that address serious needs," he said.

For more on state and local COVID-19 actions, visit www.ncsl.org.

— Kim Krisberg
States exchanges growing in popularity

EXCHANGES, Continued from Page 1

get coverage through state- and district-run insurance exchanges.
But in the 38 states that lacked their own exchanges and instead relied on the federal health marketplace, many uninsured people were left adrift, as the Trump administration refused pleas to reopen enrollment through the federal system.

“This is a missed opportunity to ensure care and save lives,” said APHA Executive Director Georges Benjamin, MD, in an April 2 news release denouncing the Trump decision. “With- out health insurance coverage, many people will delay getting the care they need — for COVID-19 and other medical reasons — because of cost. That delay could risk both their health and the health of their communities.”

The ability to reopen enrollment at will is one of many advantages of state-run health insurance exchanges, which are enticing other states to leave the federal marketplace behind.

States operating their own marketplaces are California, Colorado, Connecticut, Maryland, Massachusetts, Minnesota, Nevada, New York, Rhode Island, Vermont and Washington, along with Washington, D.C. Among the states transitioning to or considering creating their own marketplaces are Maine, New Jersey, New Mexico, Oregon and Pennsylvania.

“States that have transitioned or are considering a transition to a state-based exchange see opportunities that the federal exchange doesn’t always provide, mostly due to the flexibility of running an exchange at the state level,” Rachel Swab, research associate at the Georgetown University Health Policy Institute, told The Nation’s Health.

Lower costs, better customer service and better data on residents are among the other benefits, Michelle Ehrle, MBA, executive director of the Maryland Health Connection exchange, told The Nation’s Health. Maryland reopened enrollment from March 15 to June 15. In the April 2 statement, APHA’s Benjamin applauded Maryland, the 10 other states and the district for reopening enrollment.

The health insurance marketplaces are part of the Affordable Care Act, which became law in 2010. The ACA requires each state to offer several comprehensive health insurance plans for residents to choose from. Most states have opted for the federal insurance marketplace.

In recent years, though, technology advancements have made operating a state exchange easier, leading more states to consider a change.

Barriers created by the Trump administration are also pushing states to switch. During the 2018 enrollment period, the administration cut the federal exchange’s consumer outreach budget by 90% and the navigator budget, which provided in-person assistance for enrollment, by 42%, the U.S. Government Accountability Office reported. Repeal of the ACA’s individual mandate, which required people to have insurance or pay a fee and helped financially stabilize the marketplace, took effect in 2019.

In response to those changes, New Jersey announced in March it was transitioning to a state-based exchange for 2021 enrollment.

“Funding sent to Washington to utilize the federal exchange will be better utilized right here in New Jersey, where we can establish policies that create greater stability, access and improved protections for residents,” Marlene Caride, JD, commissioner of New Jersey’s Department of Banking and Insurance, said in a March statement. A state-based exchange offers greater control over open enrollment periods and allows access to data that can be used to regulate the market and conduct targeted outreach, Caride said. And user fees can fund state exchange operations, consumer assistance, outreach and advertising.

Nebraska transitioned to its own exchange this year, Pennsylvania is planning to in 2021 and New Mexico is on pace to make the move in 2022. In states using the federal exchange, unemployed people who lost their job-based health insurance could sign up for coverage on HealthCare.gov. But people who lost insurance that was not provided through their job — or lacked insurance before the COVID-19 outbreak — do not qualify for special enrollment, unless they experienced a qualifying event, such as marriage or a move. Other options are Medicaid and the Children’s Health Insurance Program, for those who qualify.

For Arizona Gov. Doug Ducey, whose state uses the federal marketplace, that is not sufficient. He asked the Trump administration in March for a special open enrollment during the pandemic emergency.

“Such a move would provide an important option to families in Arizona and across the country who are struggling right now,” Ducey wrote in a March 25 letter to U.S. Health and Human Services Secretary Alex Azar.

On March 31, the White House confirmed that the federal marketplace would not be reopened.

During an interview with The Nation’s Health in April, Lindsay Lang, JD, director of Rhode Island’s state-based marketplace, HealthSource RI, could not name one advantage of the federal exchange over a state exchange.

Rhode Island reopened enrollment from March 15 to April 30. The move posed a financial risk to the system, Lang said. But the state had already softened the risk by introducing an individual mandate and a reinsurance program, which allowed Rhode Island to offer funds to marketplace health insurers to offset medical costs from high-risk customers.

“We wanted to do everything we could as a state to make sure that Rhode Islanders are not hesitating to get tested or have a consultation with a health care provider if they think they need to get tested,” Lang said. “If they need treatment, we want them to be treated.”

For more information on exchange programs, visit www.commonwealth fund.org. — Mark Barna
Latino Caucus, US Census Bureau team up to get Hispanics counted

GETTING AN ACCURATE count is critical for public health to work toward health equity.

However, for some Hispanics in the U.S., the census may seem more of a threat than an opportunity to shape the future.

To answer questions about the critical data-collecting effort and encourage participation, APHA’s Latino Caucus hosted a webinar in partnership with the U.S. Census Bureau on Census Day, April 1.

“We in public health know how important it is, but making that side of the census real for people is a challenge,” said Paulina Sosa, MPH, president-elect of APHA’s Latino Caucus.

“The Latino community is underrepresented. We are here and we need to be counted.” — Mary Anne Carabeo

The Census Bureau’s 2020 head count of people in the U.S. will determine representation in Congress as well funding for schools, hospitals and crucial services such as public health.

For some Hispanics in the U.S., concerns about submitting personal information to a government agency can make them harder to reach.

“We can’t do anything alone,” Sosa told The Nation’s Health. “That’s why it’s so important that we reach out. When you’re working with community organizations, you’re talking to people who already have that trust.”

While the data collected from the census is confidential, some Hispanics in the U.S. may have specific concerns about sharing information with the government. People who are in the U.S. without legal permission may be afraid of jeopardizing their housing or employment or being deported. For years, the Trump administration has publicly attempted to force a question on the census about citizenship status, a move advocates warned would lead to an undercount of Hispanics in the U.S. However, despite the issue of citizenship not making its way onto the questionnaire, fear of abuse remains.

Mary Anne Carabeo, MA, account manager at the U.S. Census Bureau, develops partnerships with organizations to help promote the census and engage hard-to-count communities. Addressing fears such as the citizenship question is part of that outreach. Carabeo said it was helpful to team up with a public health organization to get the message out.

“It gave us a more diverse range of who we can reach,” she told The Nation’s Health. “The Latino community is underrepresented. We are here and we need to be counted.”

Participants in the April 1 webinar included university professors and community leaders. Beyond concerns about citizenship, housing and employment, attendees had specific questions, such as whether the census would be available to communities that speak certain Spanish dialects or indigenous languages.

Sosa said answering the webinar questions gave her hope.

“When I started seeing their questions coming through, I thought, if we can answer things at this level, we could have a positive impact,” Sosa said.

To watch a recording of the Latino Caucus webinar, visit bit.ly/Census2020 Webinar. — Aaron Warnick

MEMBER GROUPS IN BRIEF

Nursing Section calls for protections, staff

The COVID-19 pandemic has highlighted inadequacies in funding and preparation for frontline health workers. To help address the problem, APHA’s Public Health Nursing Section rallied its members to call for resources in a unified voice.

In outreach on social media, op-eds and media interviews, Section members called on legislators and policymakers to protect health professionals as they worked to save lives from the disease.

However, it is not just critical personal protective equipment or tests that are missing. Because of prolonged budget cuts and other factors, the fully staffed nursing workforce needed to combat a pandemic such as COVID-19 is also lacking, Section members said.

“We must bring to light the loss of public health nursing positions in this country,” said Shawn Kneipp, PhD, RN, PHNA-BC, associate professor at the School of Nursing at the University of North Carolina at Chapel Hill.

Over time, a shortage of training opportunities, disengagement and underfunding has led to a diminished corps of public health nurses who are able to focus on community health and carry out vital functions such as testing, Kneipp told The Nation’s Health.

“We have to prepare for what comes next,” she said. “If there’s a second wave or in a future outbreak, we may have the PPE and the tests, but we may not have the personnel to administer them.”

Law Section hosts COVID-19 webcasts

During a crisis, solutions are needed in real-time. To help stay on top of the rapidly changing legal landscape of the COVID-19 outbreak, APHA’s Law Section began co-sponsoring a webcast series of briefings. The Public Health Law Watch’s “COVID Law Briefings” were held multiple times per week.

“IT IS EXTREMELY important — especially in an emergency when decisions may have to be made with limited time and sometimes before all of the science is known — for lawyers to work collaboratively with public health officials and other stakeholders to both achieve public health goals and also protect individual rights,” Stacie Kershner, JD, APHA’s Law Section program planner, told The Nation’s Health.

Thousands of people tuned into the briefings to listen to the law experts present on issues and to ask questions. Each session lasted about 20 minutes and featured public health law experts from around the country.

For more information, visit bit.ly/COVIDLaw Briefings.

Student Assembly discusses COVID-19

With campuses emptied and classes going online due to the COVID-19 pandemic, many students had their lives upended.

In response, APHA’s Student Assembly brought public health students and early-career professionals together to answer questions, hear concerns and share encouragement in an April 1 Twitter chat.

“We have always known that our members are incredible individuals and advocates for public health, and their passion has only shown brighter during these challenging times,” Emily Bartlett, MPH, chair of the Student Assembly, told The Nation’s Health.

Students used the virtual gathering to share experiences about moving away from campus, engaging in remote learning, managing stress during physical distancing and learning from the pandemic.

“I strongly believe that the best thing we can do right now is to support each other,” Bartlett said.

ATOD warns alcohol consumption rising

As workplaces and schools closed because of COVID-19 this spring, people in the U.S. began stocking up on food, home essentials — and alcohol.

Alcohol sales rose 55% in the last week of March, according to Nielsen, a market research firm. Liquor and premixed cocktail sales jumped 75%.

For APHA’s Alcohol, Tobacco and Other Drugs Section, the sales suggested an increase in alcohol-related health consequences. The Section called on its members to raise awareness, creating and sharing an editorial template for advocates to customize and send to news outlets. Social media graphics will also be part of the work.

“Lessons from recent disasters — including Hurricane Katrina and Sept. 11 — suggest that we can anticipate a significant uptick in drinking and alcohol-related problems among survivors and responders,” said Section Chair Sean Haley, PhD, MPH, in a letter to members.

— Aaron Warnick

MEMBER GROUPS

News about APHA’s Sections, SPIGs, Student Assembly, Forums & Caucuses

Staff at the Long Island Nursing Institute in New Hyde Park, New York, welcome out-of-state nurses on April 14 arriving to help their home COVID-19 patients. APHA’s Public Health Nursing Section rallied members to contact policymakers to protect nurses and other health professionals working to save lives.

Photo by Al Bello, courtesy Getty Images

J U N E 2 0 2 0 ❖ T H E N A T I O N ’ S H E A L T H ❖ 9
The Rhode Island Public Health Association released a video during National Public Health Week aimed at high school and college students who may be interested in public health careers.

NPHW 2020, Continued From Page 1

COVID-19, using the increased attention to educate and engage people on public health.

“The coronavirus pandemic has made public health visible and understood as an essential service to society,” said Martine Hackett, an associate professor at Hofstra University’s School of Health Professions and Human Services, who organized several NPHW webinars on COVID-19.

Now in its 25th year as an APHA-led event, NPHW is a celebration of public health, offering an opportunity to engage communities and amplify public health messages. This year’s theme was “NPHW@25: Looking Back, Looking Forward,” a nod to NPHW’s 25th anniversary.

Hofstra University held NPHW events through April to accommodate last-minute schedule changes due to the global emergency. The university, based in Hempstead, New York, presented a palette of NPHW happenings connected to COVID-19. For example, a panel on careers discussed community needs during and after a pandemic, while a discussion on birth equity highlighted the challenges the outbreak places on maternal care.

In the Southwest, members of the Arizona Public Health Association gathered online April 9 to talk about the health equity implications of COVID-19.

“We have had many staff who have had opportunities to prepare for something like this, but now it’s show time,” APHA member Will Humble, executive director of the association, told The Nation’s Health. “This is way different from anything else previously in my career just because of the sheer magnitude — not just of the disease itself, but of the ramifications of the interventions.”

In the Northeast, the Delaware Academy of Medicine-Delaware Public Health Association used NPHW as a springboard for advocacy, employing social media, news releases and other means to support action on COVID-19.

“These times are pretty hard, but it is our time to shine,” APHA member Timothy Gibbs, MPH, NPMc, executive director of the association, told The Nation’s Health. “It is a time not to be beat down but be activated by it.”

Not all NPHW events focused on the pandemic, however. Among those, APHA, ecoAmerica, the U.S. Climate & Health Alliance and other partners held an online discussion on climate policy on April 7. Speakers talked about 10 priority actions to protect and promote health and advance the well-being of all people in the era of climate change.

While the ongoing pandemic and climate change are different, they “both are health emergencies,” said APHA member Linda Rudolph, MD, MPH, director of the U.S. Climate & Health Alliance, who spoke during the event.

“COVID is a sudden, rapidly evolving in-your-face emergency, while climate change is a catastrophe in slow motion, threatening our health, air, water, food and shelter,” Rudolph told The Nation’s Health. “COVID demands a laser-like focus right now. But we cannot let down our guard in efforts to protect from the health harms of climate change.”

COVID-19 also shifted APHA’s NPHW activities, including its annual Twitter chat. The hour-long event attracted more than 500 participants, who shared almost 5,000 posts with the #NPHWChat hashtag.

APHA’s other virtual events included a public health forum moderated by APHA President Lisa Carlson, MPH, MCHES. Panelists discussed topics such as health disparities and public health advocacy.

On April 7, APHA Executive Director Georges Benjamin, MD, and Carlson hosted a members-only town hall that was live-streamed on YouTube. They spoke on COVID-19 response and correcting misinformation and rumors.

Carson offered a shout-out to front-line health professionals working long hours in overwhelmed hospitals that were low on protective supplies. And she spoke of ways to relieve stress as public health workers go above and beyond during the national health emergency. Tips included taking exercise breaks and staying connected with the local community while honoring physical distancing.

APHA’s Billion Steps Challenge also wrapped up during NPHW, with 415 teams logging 1.8 billion steps. Teams hailed from universities, health departments and communities.

At the State University of New York at Buffalo, a steps challenge was held through April to celebrate public health. About 700 people took part, all of whom followed health safety protocol of walking alone or six feet apart in a group, said Grace Lazzara, MA, director of communications at the university’s School of Public Health and Health Professions.

“Keeping up your physical and emotional health in a time like this is so important, and public health experts agree that getting up and taking a walk is an ideal way to do that,” Lazzara told The Nation’s Health.

For more information, visit www.nphw.org.

— Mark Barna

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**Forum Livestream**

Presenters speak during APHA’s April 6 NPHW forum, which addressed topics such as health disparities and public health advocacy. A recording of the forum can be watched online.
The AFFILIATES
State, regional public health associations

The Nation’s Health

to Affiliates

participants and is using partnerships to raise awareness.

Thanks to a grant from a program, and another completely enrolled in the program hopes to bring into its research.

“Our Affiliates are doing work on the ground,” Lindsey Wahlwick, APHA’s director of Affiliate affairs, told The Nation’s Health. “They’re able to connect with individuals in their communities in a way that big national organizations can’t.”

Launched in 2018 by the National Institutes of Health, the All of Us Research Program is working to reach often-missed populations.

During National Public Health Week in April, 32 APHA Affiliates raised awareness about the program in their regions, states and communities, bringing messages of inclusion to people that the All of Us program hopes to bring into its research.

“We’re known as a very healthy state, but we’re also a state with substantial health disparity,” Merry Grande, MPH, executive director of the association, told The Nation’s Health. “And there’s a lot of work to be done to overcome barriers and mistrust created by historical malpractice.”

As National Public Health Week shifted to a virtual format because of the COVID-19 pandemic, APHA Affiliates harnessed the strength of digital media, webinars, e-newsletters and Twitter chats to convey their messages for National Public Health Week and to promote enrollment in the All of Us Research Program. For example, during webinars on professional development and on COVID-19, the Illinois Public Health Association used the opportunity to have speakers share information about All of Us and links with participants.

In Wisconsin, the association shifted its plans for face-to-face interactions to a virtual campaign.

“Our original plans were to hold in-person trivia and networking events around the state,” Maggie Grunnewert, CMP, education director at Wisconsin Public Health Association, told The Nation’s Health. “With the pandemic, we had to cancel those in-person events. We instead opted to virtual communication through emails and social media posts.”

Disparities during the pandemic underscored the need for better research data on health. In April, data from New York City showed that COVID-19 was about twice as deadly for blacks and Hispanics than whites. Chicago, Michigan and Washington, D.C., also reported higher death rates for black residents. The disparities have been linked to preexisting disparities, including access to health care.

“This is the stuff that All of Us is set up to manage, and it is more important than ever — COVID-19 is now the exclamation point on how important this is,” Tim Gibbs, MPH, executive director of the Delaware Public Health Association, told The Nation’s Health.

APHA is a community engagement partner in the All of Us program, joining 45 funded partner organizations and dozens of champion-level groups that work to raise its awareness. All of Us has over 100 funded partners.

Partner health care provider organizations, including community health centers, regional medical centers and locations run by the U.S. Department of Veterans Affairs, are also working to increase enrollment.

“Our Affiliates represent people that live in all 50 states and then some,” Wahlwick said. “We are proud to partner with a program that will elevate care for everyone.”

For more information on the All of Us Research Program, visit www.allofus.nih.gov.

— Aaron Warnick
US health departments could lose more workers in economic downturn

WORKFORCE, Continued from Page 1

Jennifer Nuzzo, DrPH, SM, senior scholar at the Johns Hopkins Center for Health Security. The nation needs a rapid and unprecedented scale-up in its public health workforce, she said. “We have yet to understand how this will impact society, but I’m convinced the impacts will be enormous,” Nuzzo told The Nation’s Health. “I hope we’ve finally convinced the world that without our health, we have nothing.”

Schools of public health are among those organizing to help state and local public health officials meet the pandemic challenge. At the University of Maryland School of Public Health, faculty set up an incident command center and the school is working with public health agencies in the state to help ramp up resources, estimate future capacity needs, and educate the community on protecting their physical and mental well-being.

Boris Lushniak, MD, MPH, dean at the school and former U.S. acting surgeon general, said the school is working more closely with local health agencies than ever before, hoping to serve as a supplemental volunteer workforce as response activities evolve. “You have to be an optimist in public health,” he told The Nation’s Health. “When I turn to students now, they’re fully understanding more than ever the true role of public health. We have to learn from this and get better at it, and as educators, we play a key role in that.”

Laura Magaña, PhD, MS, president and CEO of the Association of Schools and Programs of Public Health, agreed, noting that while the field’s “unprecedented” visibility come from enormous tragedy, the chance to build new support for stronger health systems and a robust workforce should not go to waste. “Right now, every single person in the world knows exactly what we do, so hopefully we will finally learn our lesson about funding public health,” she told The Nation’s Health, adding that she expects schools will see an uptick in people wanting to study the discipline.

Despite the formidable challenges, “local public health is used to doing a lot with little resources,” said NACCHO’s Tremmel. In Nebraska, for example, local public health workers quickly formed a community task force to find and purchase personal protective equipment for responders in rural areas, knowing such communities would likely face problems accessing the in-demand items. But in the face of COVID-19, such dedication will need serious resources and funding to back it up and sustain critical functions.

“Emergency funding is great during an emergency, but we need some sustainable investments in the public health infrastructure,” she said. “It’s the only thing that will protect us moving forward.”

For more information on needs and challenges of the U.S. public health workforce, visit www.phwins.org. — Kim Krisberg

As the consequences of cutting budgets and sidelining science come to fruition, other looming concerns for U.S. public health include worker burnout, reduced capacity for other critical public health functions, worsened health inequities and tarnished community trust.

In April, for example, local health departments reported having to sideline services such as HIV and STD screening and prevention as well as shift focus from ongoing epidemics such as opioid addiction to battle COVID-19. Brian Castrucci, DrPH, MA, president and CEO of the de Beaumont Foundation, said such capacity issues will also make it harder to respond to problems that generally receive high unemployment, such as spikes in addiction, abuse and mental distress.

“This is about disinvestment in public health and neglectful social policy,” said Castrucci, an APHA member. “We were ill-prepared — it just didn’t have to be this bad.”

Funding has to be a priority, both for immediate and future workforce needs, he said. An April report from the Association of State and Territorial Health Officials and the Johns Hopkins Center for Health Security called for $3.6 billion to fund 100,000 additional contact investigators, which it noted is less than half the number employed in Wuhan City, China, where COVID-19 was first detected.

In the longer term, Castrucci said policymakers need to quickly widen the pipeline into state and local health and address previously predicted shortages with incentives such as student loan repayments for people serving in governmental public health.

Also on the ground, resources are needed to increase case-based intervention, ideally with trusted members from within communities, and establish frameworks to effectively track and leverage new troves of COVID-19 data to better prevent and stop its spread.

“It’s a huge and complicated undertaking,” said Jennifer Nuzzo, DrPH, SM, senior scholar at the Johns Hopkins Center for Health Security.

The nation needs a rapid and unprecedented scale-up in its public health workforce, she said. “We have yet to understand how this will impact society, but I’m convinced the impacts will be enormous,” Nuzzo told The Nation’s Health. “I hope we’ve finally convinced the world that without our health, we have nothing.”

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For more information on needs and challenges of the U.S. public health workforce, visit www.phwins.org. — Kim Krisberg
8,000 daily steps cut risk of early death

People who take 8,000 steps a day or more are at lower risk of dying than people walking half that amount, a study published in March in the Journal of the American Medical Association finds.

Researchers used data from the National Health and Nutrition Examination Survey between 2005 and 2006. They examined health records of 4,900 people ages 40 and up who counted their steps seven days a week. Death rates were tracked through 2015 using the National Death Index.

Using 4,000 steps a day as a baseline, researchers compared mortality outcomes with people taking twice as many steps. Those who averaged 8,000 steps a day had 51% lower mortality risk compared with those taking 4,000 steps, which is considered to be a low level of physical activity. Walkers averaging 12,000 steps had 65% lower risk.

“Based on a representa- tive sample of U.S. adults, a greater number of daily steps was significantly associated with lower all-cause mortality,” the researchers said.

Rental aid improves children’s health

Children with asthma in families receiving federal rental assistance show improved respiratory health and are less likely to take an emergency trip to the hospital, a study in the March issue of JAMA Pediatrics finds.

Researchers examined records from the U.S. Department of Housing and Urban Development from 1999 to 2014, focusing on one of three rental assistance programs: public housing, multifamily housing and housing choice vouchers.

The programs offer monetary assistance to low-income families, many of whom hope to leave substandard dwellings that have environmental exposures harmful to children.

The study involved nearly 3,000 adolescents up to age 17 in families who receive or will receive HUD rental assistance. Researchers determined that over a one-year period, children who had an asthma attack within the past 12 months had reduced their risk of a visit to an emergency department by 18.2%. The most significant positive results were for families in public or multifamily housing.

The study was unable to determine if asthma attacks had decreased. “These results may have important implications for the well-being of low-income families and health care system costs,” the researchers said.

Kidney issues linked to poor housing

People who experience housing insecurity can be at higher risk of developing kidney problems, according to a study in March in Kidney360.

The study followed about 1,300 white and black adults between 2004 and 2009. They were ages 30 to 64 and lived in various neighborhoods in Baltimore City, Maryland. The participants were in the Healthy Aging in Neighborhoods of Diversity Across the Life Span study.

Of those participants, 405 experienced housing insecurity, defined by researchers as people living in dwellings that have unsafe health conditions, monthly housing costs that strained their budget or both.

Follow-up was done nearly four years later.

Researchers found that 16% of the participants had experienced rapid kidney decline and 7% developed albuminuria, a sign of kidney disease. Housing insecurity was associated with a more than three-fold higher risk of albuminuria.

Researchers suggested that people in insecure housing with unsafe conditions can also have an unhealthy lifestyle and lack doctor care. That combined with the stresses of their environment and finances can increase risk of kidney illnesses.

Job instability affects newborn birthweight

Pregnant women who have unstable jobs have a significantly higher risk of giving birth to a low-birth- weight baby, a study in January’s BMJ Open finds.

Researchers examined data from the National Longitudinal Survey of Youth 1979 and the National Longitudinal Survey of Youth cohort, focusing on workplace descriptions and birth outcomes for almost 2,900 women. The data included work details such as shift regularity, average weekly hours, turnover rates and if health benefits were offered.

They found that pregnant women with unstable jobs had a 48% higher risk of having a low-birth-weight infant. Black women had the highest risk.

“This finding suggests that there may be other factors such as racism and discrimination that, along with employment precariousness, are influencing birth outcomes for women of color,” said senior author Anjum Hajat, PhD, MPH, an assistant professor in epidemiology at the University of Washington’s School of Public Health in Seattle.

Sugary drinks, heart disease connected

Drinking more than 12 ounces of sugary drinks a day raises the risk of cardiovascular disease in adults, a study in February in the Journal of the American Heart Association finds.

Data from over 5,900 participants of the Framingham Heart Study between 1991 and 2014 were examined for the study. Researchers compared people who drank each day over 12 ounces of sugary beverages — such as sodas, fruit-flavored drinks and sports drinks — to people in another group who drank one 12-ounce sugary drink a month.

Researchers found that people who consumed at least 12 ounces every day had a 98% higher incidence of reducing their levels of healthful high-density lipoprotein cholesterol. They also had a 53% higher incidence of raising levels of harmful triglycerides, a type of fat. Both factors increase risk of cardiovascular disease.

“Reducing the number of — or eliminating — sugary drink consumption may be one strategy that could help people keep their triglyceride and HDL cholesterol at healthier levels,” study lead author Nicola McKeown, PhD, a nutrition epidemiologist at Tufts University, said in a news release. “Water remains the preferred and healthiest beverage.”

— Mark Barna

Seafood parasites rapidly increased over four-decade span, study says

Parasites in raw fish that can make people sick have dramatically increased in recent decades, a study in March in Global Change Biology finds.

Researchers examined 123 papers published between 1967 and 2017 for information on the anisakis parasite. They found a 238-fold increase of the parasite, known as the herring worm, since the 1970s.

When people eat raw or undercooked seafood and swallow a live herring worm, the half-inch-long parasite lodges in the intestine, causing eaters flu-like symptoms for days before it dies. The worm is often called “the sushi parasite” because it is not uncommon to find it in that food.

Food preparers can usually spot and remove the worms before serving food, the researchers said, but diners can also avoid ingestion by slicing seafood and inspecting it for worms.

This is the first study to examine the totality of research on the increase of seafood parasites, according to the scientists. And though the study did not determine why the increase happened, they suggested climate change, increased nutrients from fertilizers and runoff, and growing marine mammal populations could play a role.

— Mark Barna
This important publication builds on the racial health equity work that public health advocates and others have been doing for decades. They have documented the existence of health inequities and have combated health inequities stemming from racism. This book, which targets racism directly and includes the word squarely in its title, marks an important shift in the field’s antiracism struggle for racial health equity. It is intended for use in a wide range of settings including health departments, schools, and in the private, public, and nonprofit sectors where public health professionals work.
More funds needed for COVID-19 mitigation, prevention

ADVOCATES, Continued from Page 2

In 2018, a lower court affirmed that FDA delayed product reviews of e-cigarettes and cigars, causing a severe threat to public health. The brief asks the appellate court to reaffirm the lower court’s decision.

“Premarket review could have prevented, or at least mitigated, this epidemic,” the brief said. “The FDA deemed e-cigarettes within the act’s purview in 2016, before the flavored tobacco crisis escalated.”

But when it delayed review of the products, “the consequence is what Congress feared: a new product got a new generation hooked.”

Support needed for environment health

Being good stewards of the environment also improves human health, which is why APHA and partners support more funding for the Centers for Disease Control and Prevention’s National Center for Environmental Health in the 2021 federal budget.

The advocates asked for at least $243 million for NCEH in a Feb. 28 letter to subcommittees of the U.S. Senate and the House of Representatives.

The funding would improve environmental health surveillance by expanding the National Environmental Public Health Tracking Network. It would also offer more funding for lead poisoning prevention, the National Asthma Control Program and the Climate and Health Program.

“Adequate investments today and into the future in core environmental health activities can be a critical down payment on health, productivity and happiness of countless Americans,” the advocates said.

Increase funds for disease readiness

The COVID-19 pandemic has underscored that preparedness for infectious disease outbreaks is of absolute importance to global health. In keeping with the inquiry, the groups said in a letter. The inquiry should lead to recommendations on how the U.S. can better prepare for future public health emergencies, including the level of funding needed to carry out health measures and what policy changes or amendments need to be considered.

The crisis revealed shortcomings in the ability of the U.S. to handle a public health emergency, spanning local, state and federal agencies, the advocates said.

Follow science on physical distancing

Physical distancing in the U.S. helped to mitigate the spread of COVID-19 in spring. If it had not been done, it would have caused many new outbreaks and deaths, science shows.

In a March 30 letter to President Donald Trump and Vice President Mike Pence, APHA and partners emphasized the need not to end physical distancing measures until medical evidence reveals that it is safe to do so.

“Lifting the practice too early would result in faster spread of the virus, overwhelming health care settings that continue to lack essential medical equipment and supplies, and result in deaths that could have been prevented.”

“A strong nationwide plan that supports and enforces social distancing should remain in place until public health and medical experts indicate it can safely be lifted,” the advocates said. “Lifting restrictions sooner will gravely jeopardize the health of all Americans and extend the harmful economic impacts of the pandemic.”

Waive qualifiers for free school meals

In spring, COVID-19 resulted in school closures across the nation, but a large number of students still needed the free meals many schools offer through a federal program.

The U.S. Department of Agriculture’s Food and Nutrition Service, which oversees 15 nutrition programs, continued to provide the meals despite school closures. But it also should have waived requirements for children receiving the meals, given the unprecedented health and economic challenges in the U.S., APHA and partners said in a March 25 letter to the agriculture department.

Schools were asking that a requirement — that only children in households within a certain area qualified for the meals — be waived.

“This is the number one request we are hearing from schools and community-based organizations,” the advocates said. “States have submitted this waiver request, but their requests have not been approved.”

In addition, program organizers needed health guidance to keep themselves and the children fed, the advocates said.

— Mark Barna

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

A children’s playground in Alexandria, Virginia, is closed in April due to COVID-19. APHA and partners told President Donald Trump and Vice President Mike Pence in March to consult science in decisionmaking on easing safety restrictions.
When you think of activities that are good for your health, you may picture eating vegetables or taking a walk. Or maybe you think of getting enough sleep, spending time with family or staying up on your vaccinations.

Those are all great, healthy things, but there’s another less-often-cited activity that can also help keep you healthy: Engaging in art.

Humans are built to both be creative and appreciate creativity. That is why we’re all drawn to art in some form or another — from paintings to music to dance. A huge body of research shows that art can promote both physical and mental health, including wellness and healing:

- Art can help keep your brain sharp as you age. Playing music and dancing can help boost cognitive health. Taking in a museum or opera performance every few months has been found to lower risk of dementia.
- Dancing helps keep your body healthy. It improves your posture and flexibility. It can also help reduce risk of falls.
- Having a healthy intake of art has even been found to reduce chances of premature death overall. Being engaged with culture often leads to less sedentary behaviors, depression and cognitive decline.

Fortunately, you don’t have to be a skilled painter or musician to get the health benefits of art. If you want to express yourself creatively, the main thing is finding what engages you.

A good place to start is thinking about what you liked to do as a kid, says Heather Stuckey, DEd, an assistant professor at Penn State who has researched the links between art and health. Did you like making things out of Play-Doh? Banging on a xylophone? Or maybe you drew crayon masterpieces that were posted on your parents’ fridge.

Adults can still play with those tools from childhood, or translate them for their grown-up lives. Play-Doh fans can try a pottery class and budding musicians can take some lessons. Coloring books for adults, featuring more complex patterns than the ones you used when you were a kid, are a great way to both unwind and express yourself.

And if you want to color outside the lines, go for it!

“When we talk about art and health, it’s not about following the rules, it’s about creative expression,” Stuckey says.

Art doesn’t have to just be about making or doing something. Appreciating art is also good for your health. Even if painting isn’t a thing you like to do, it might still be relaxing to watch Bob Ross break out the titanium white to make happy little clouds. If you’re feeling stuck, take time to look at, listen to or watch some art. You may find that you quickly feel more calm or rejuvenated.

“Even if I can’t pick up a guitar and play it, I can still connect with it through listening,” Stuckey says. “It can still inspire me.”

Music is a well-established tool for helping people find comfort or strength. Music therapy is used to help people feel better when they’re in pain. It can improve breathing, lower blood pressure and heart rate, and relax muscles. And all of these soothing benefits can decrease your risk of developing hypertension. And if you want to up those health benefits, add a little bit of dancing in with your music.

Art has been shown to have an impact on the brain. Music and therapy dance are used to both treat depression and anxiety. Children who have experienced trauma can find support for grief, depression and PTSD through art. And art therapy can help people with severe mental illnesses find a sense of well-being.

While art therapy can help a lot of people in different ways, benefits don’t have to be confined to a therapists’ office, Stuckey says. Art happens in schools, hospitals, living rooms and more places.

Art can also connect people. Singing alone is great, but it’s even better to sing in a group. And singing to babies can improve the bond between parents and children.

Feeling inspired? Go online and sign up for a class or a group. Find a knitting club or a local open mic night and meet some of your local performers and music-loving neighbors. Art just might change both your health and your life.