Mental health crisis
Experts fear suicide, deaths of despair will rise in wake of COVID-19

As the COVID-19 outbreak swept through America this spring, taking more than 100,000 lives and causing debilitating illnesses, a shadow pandemic was also underway, bringing its own devastation.

In March, as more Americans practiced physical distancing, the crisis hotline of Didi Hirsch Mental Health Services, a non-profit mental health organization in the Los Angeles area, lit up with calls, with 20% expressing “suicidal desire,” an organization report said. And in April, when 20.5 million people had lost their jobs, text messages to the federal distress hotline spiked by over 900%, according to the Substance Abuse and Mental Health Services, a nonprofit mental health organization in the Los Angeles area.

Handling the case was Susie Welty, MPH, one of tens of thousands of newly minted contact tracers in America. They work the phones to locate contacts of people who test positive for COVID-19 in hopes of identifying additional possible cases. As deaths decline in some areas and hospitals free up beds, local and state officials are emphasizing tracing as the next step in containing the disease.

“There is no silver bullet, but contact tracing is the most tried and true public health intervention in containing the disease,” said Shah. “It’s clear that contact tracing is needed.”

Sudden, public health terms became common household phrases: flattening the curve, physical distancing, herd immunity and even R naughts. Public health leaders have been mulling what lasting effects the growing public awareness will mean for the field, if any.

Public health has an invisibility crisis, according to APHA member Umair Shah, MD, MPH, executive director of the Harris County Public Health Department in Houston. For too long, he said, public health has been like the offensive line in American football: No one pays attention to the linemen unless the quarterback is sacked or something else goes wrong.

But public health now has an opportunity to raise its visibility. By doing so, people will understand the value of public health, which will lead to validation and pro-health policies and more funding, Shah said. “I think it’s time that we remind everybody (in public health) that we have to have our collective heads up because people do not understand what we do,” Shah told The Nation’s Health. “And when they do not know what we do compared to fire, EMS, police or health care delivery, unfortunately, public health suffers.”

Tom Frieden, MD, MPH, former director of the U.S. Centers for Disease Control and Prevention, said that now is the moment for public health to show how effective and critical it is for the U.S.

“If this isn’t a teachable moment, there will never be a teachable moment,” he told The Nation’s Health. “Our livelihoods depend on it.”

Leaders say the pandemic could inspire young people to choose careers in public health, while bachelor’s and master’s degrees in public health have continued to climb this century, many graduates have been less likely to choose...
APHA ADVOCATES
Recent actions on public health by APHA

APHA: CDC credible during pandemic

Responding to criticism of the agency in May, APHA gave a strong endorsement to the Centers for Disease Control and Prevention as the leading national public health body guiding public health, particularly during the coronavirus pandemic. “We have faith in CDC as a paragon of our institutional response to this pandemic,” said APHA Executive Director Georges Benjamin, MD. “The agency must be listened to as a key voice as we work to overcome COVID-19.”

APHA issued its statement in the wake of media reports detailing conflicts between CDC and the White House, which delayed the agency’s evidence-based guidelines for reopening the country. “Our interest is science, not politics,” Benjamin said. “CDC has been the lead agency protecting the public’s health over the past 70 years. Its credibility as a bastion of scientific research, data collection and information-sharing about public health is without question. It is one of the most trusted federal agencies, and must be allowed to maintain its scientific rigor without pressure from outside influences.”

In May, CDC issued six decision tools to help businesses, workplaces, schools, child care programs and others assess whether they were ready to carry out regular activities while following infection control practices such as physical distancing.

The tools, which were approved by the Trump administration, were not as detailed as a 63-page draft document obtained and shared by media outlets May 13. Days later, CDC published 60 pages of “consideration documents” similar in content to that shared by media.

For updated information and guidance, visit www.apha.org/covid19.

EPA rule threatens US air quality

A proposal by the U.S. Environmental Protection Agency to relax air pollution standards for power plant emissions would harm the health of Americans, including pregnant women and infants, APHA and partners said in April.

While existing Mercury and Air Toxic Standards have reduced harmful airborne toxins, the new EPA proposal would undermine them, APHA and partners said in an April 17 letter to EPA leader Andrew Wheeler. Toxins in air pollution can harm respiratory and cardiovascular health as well as cause developmental disorders and premature death.

“The protections are already fully implemented and remarkably successful, preventing up to 11,000 premature deaths each year and dramatically reducing mercury pollution, a potent neurotoxin that causes brain damage in babies,” the advocates said in an April 16 news release organized by the American Lung Association. “Our organizations strongly oppose EPA’s effort to jeopardize these lifesaving and successful limits on toxic pollution from power plants. We will explore all available steps to ensure the continued enforcement of these protections.”

APHA calls for PPE, food assistance

Essential workers serving during the COVID-19 outbreak need better protection from the disease, APHA told policymakers this spring.

The Association joined with other advocates to call on the White House and federal agencies to support personal protective equipment for frontline health care workers.

“There are still far too many providers on the front lines without the protection needed to save lives without unduly endangering their own,” the advocates said in the letter to the White House. “Patient health is jeopardized as well when providers cannot access the supplies they need. In the midst of this shortage, providers have been forced to resort to potentially dangerous tactics — such as splitting ventilators between two different individuals or reusing masks — that exacerbate the risk for everyone involved, including patients.”

To protect food service and farm workers, who are also at risk from COVID-19, the Occupational Safety and Health Administration should issue and enforce an emergency temporary standard to make sure they have adequate protective equipment, APHA and partners told congressional leaders in another April letter.

“These protections must ensure that the food and farm workers who grow, manufacture, stock, sell and transport our food have adequate protections from the virus, including personal protective equipment and the ability to report violations,” the advocates said.

The letter to Congress also called for more assistance for people who are food insecure because of the pandemic. Feeding America, a nationwide network of over 200 food banks, estimated in April that an additional 17 million people in the U.S. would become food insecure from the COVID-19 fallout.

In response, Congress should increase the Supplemental Nutrition Assistance Program benefit by 15% and suspend the public charge rule, which under the Trump administration denies visas to workers receiving government benefits, APHA and other advocates said.

“As more workers become sick and job losses grow, our nation’s food farm system will be tested,” the advocates said. “We must get ahead of this with proactive measures rather than play catch-up later. Congress must do much more to provide the resources and policies we need to protect workers

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APHA joined other advocates in April to call on the White House and federal agencies to support personal protective equipment for food service workers during the pandemic.

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AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.
I n my January column in The Nation’s Health, I imagined our community as a healthy forest of public health partners, where each individual tree is thriving and the collective is healthier together. It’s a meaningful metaphor for me.

Before travel came to a halt due to COVID-19, I had intended to take a picture of a tree at each APHA-affiliated state and regional public health association that I visited as APHA president. In its place, I’d like to talk about what trees and nature mean to me, and to public health.

A recent study found that a person was significantly more likely to report good health and well-being if they spent 120 minutes a week in nature. Yet research shows that in the U.S., people spend more than 90% of their time indoors — and that was before the widespread isolation caused by COVID-19. As screen time has increased, outdoor play for both kids and adults has decreased.

I’ve written in a prior column about variation in neighborhood tree canopy, which has a direct impact on heat in and temperature of neighborhoods and thus on health. Studies confirm troubling disparities in access to green space, despite evidence that exposure to nature may help to temper poverty’s effects in disadvantaged urban areas.

The COVID-19 pandemic has shone a light on inequities in access to nature in many neighborhoods. The 10 Minute Walk campaign seeks to change this by creating safe access to parks and green spaces within a 10-minute walk of 100% of homes in U.S. cities.

Research supports the promise of time in nature to mitigate critical physical and mental health challenges, including obesity, depression, and anxiety. Health benefits include reduced fatigue, increased attention spans, improved motor function in children, improved cognition in older adults, and lower blood sugar levels in people with diabetes.

Spending time in nature can also imbue a sense of commitment to caring for our natural environment. While time in nature doesn’t require prescriptions, would they help? Park prescription programs are cross-sector collaborations to encourage time in nature to improve health. Toolkit resources include prescription pads for providers to use as reminders to get outside and go to a park.

And there are also the environmental benefits provided by trees themselves. Trees reduce air pollution, lower air temperatures, filter the Earth’s drinking water, reduce stormwater runoff and flooding, provide habitats, and reduce noise pollution. Trees are part of the public health team.

Time in nature centers and grounds me. I’ve always felt that our natural spaces are sacred spaces. They are also public health opportunities. This summer, get outside — while being safely physically distant — soak up nature, and make plans to plant a tree in the fall, all in the name of improving your health and our collective public health.

And as for me? I’m going for a hike.

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

Attend APHA Annual Meeting virtually or in San Francisco

Registration for APHA 2020 opens July 1

2020 HAS BEEN A year of adaptation. Society has changed to make sure vital needs are being met during the COVID-19 pandemic. APHA’s 2020 Annual Meeting and Expo, to be held Oct. 24-28 in San Francisco, is adapting too.

For the first time, the Annual Meeting will include a fully developed virtual component. APHA 2020 attendees will be able to present, network, meet with exhibitors and take part in hundreds of scientific sessions from the city by the bay or from home.

The hybrid meeting will allow public health professionals in the U.S. and around the world to come together on a never-before-seen scale.

“In some ways, this year’s Annual Meeting will be a different experience,” Anna Keller, MA, APHA’s director of convention services, told The Nation’s Health. “But at the same time, much remains the same: Thousands of health professionals will join together to share science, exchange ideas and gain insights that will help them improve the health of their communities.”

Registration for APHA 2020 opens July 1. Participants will be able to take part in-person at the streamlined San Francisco event, off-site through the virtual component or both. The San Francisco portion of the meeting — which will include scientific sessions, poster sessions, the Public Health Expo and other educational events — is being adjusted to ensure the utmost safety of participants.

“The health and safety of our meeting participants is a top priority,” Keller said. “We are working closely with state and local officials and will be guided by public health guidelines and recommendations.”

In the event that the situation changes before October and the COVID-19 pandemic does not allow APHA to safely hold an in-person event in San Francisco, the Annual Meeting would become all-virtual, Keller noted.

Wherever APHA 2020 attendees take part in the meeting, they will have access to a wealth of educational opportunities. While events and presentations will cover the full breadth of public health, many will be organized around the theme of “Creating the Healthiest Nation: Preventing Violence,” addressing issues such as homicide, suicide, firearms, child maltreatment and interpersonal violence.

Presentations on COVID-19 have also been added, focusing on topics such as the public health response, disparities, surveillance, testing and vaccination. APHA’s Public Health Nursing Section is accepting late-breaking abstracts related to COVID-19 through Aug. 28. “As we continue to fight this pandemic and work to strengthen the nation’s public health system, it’s more important than ever that public health professionals have a forum to learn from one another,” APHA Executive Director Georges Benjamin, MD, told The Nation’s Health.

Registrants can view the lineup of presentations and topics through the APHA Annual Meeting program, which will be available online July 1.

Confirmed speakers for the meeting include NPR social science correspondent Shankar Vedantam, host of the “Hidden Brain” podcast, who will address the meeting’s opening session. The meeting’s closing session, focusing on early-childhood trauma, will feature Debra Houry, MD, MPH, director of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention.

Continuing education credits will be available throughout the meeting in conjunction with scientific sessions. Attendees who want to a closer look at public health topics while earning credit can take part in the APHA Learning Institute, which will be available in-person or online. Participants can sign up for the courses when they register for the Annual Meeting.

Also during registration, attendees can make a donation to San Francisco’s Robby Poblete Foundation. The nonprofit organization — which hosts an annual firearm buy-back program and offers art and vocational programs for at-risk residents — is the recipient of the Help Us Help Them campaign, which gives back to the community.

A list of FAQs about the Annual Meeting, which are being updated regularly as the COVID-19 outbreak evolves, is available on the APHA website.

For more information on the meeting, visit www.apha.org/annualmeeting.

— Michele Late
Millions in US delay their medical care
Nearly 6 million U.S. adults delay medical care each year because they lack transportation to health care facilities, a study in the June issue of APHA’s American Journal of Public Health finds.

Researchers examined data from the National Health Interview Survey between 1997 and 2017, analyzing responses from people who said they had delayed care in the past year.

In 2017, about 5.8 million adults reported delaying doctor’s visits because they lacked transportation, the researchers found. Overall, about 2% of women said they delayed care because of transportation barriers in 2017, as did 1.5% of men.

About 7% of people who delayed care because of transportation barriers had yearly earnings below the U.S. poverty line.

“Transportation barriers to health care have a disproportionate impact on individuals who are poor and who have chronic conditions,” the researchers said.

More bikes in city mean fewer crashes
City bike-share programs can result in more people bicycling while also lowering the risk of crashes between cars and cyclists, a study in the June issue of AJPH finds.

Researchers reviewed data from Philadelphia, examining crashes between cars and cyclists that were listed in the Pennsylvania Department of Transportation Public Crash Database between 2010 and 2018.

They looked at over 4,450 crashes that resulted in vehicle damage and at least one injury. Before the introduction of Indego — Philadelphia’s city-run bike-sharing program — in 2015, such crashes decreased on average about 1%.

But from 2015-2018, after Indego was in use, crashes involving cars and bikes decreased by 13%. The drop occurred even though more bicyclists were riding in the city and no citywide bike infrastructure had been built to help protect the riders.

The “safety-in-numbers theory” may explain the decrease, according to study researchers. With more bicyclists throughout Philadelphia, drivers changed their behavior, watching out for bicyclists, resulting in proportionally fewer crashes, they said.

Firearms contribute to brain injuries
Deaths from traumatic brain injuries have increased in the U.S. in recent years, with firearm-related suicides accounting for almost half of the surge, a study in the June issue of AJPH finds.

Researchers examined records in the National Vital Statistics System from 2008 to 2017, focusing on information on deaths from head injuries. Over 500,000 cases were identified, involving both adolescents and adults. Intent and means of death were classified using data from the National Center for Health Statistics.

Public health and safety workers should prioritize suicide prevention through policies restricting or limiting access to a firearm, the researchers said.

“Safe storage of firearms among people at risk, and training of health care providers and community members to identify and support people who may be thinking of suicide, are part of a comprehensive public health approach to suicide prevention,” they said.

Juice-drink labels blur healthy value
Labels on juice drinks are not helpful in determining which products are healthy for children, a study in June’s AJPH finds.

Researchers examined federal laws governing juice labels, then analyzed information from 39 children’s juice drinks. While the U.S. Food and Drug Administration offers terms that may be used to describe a product on its label, deceptive labeling makes it difficult to distinguish healthy products from those with added sugar and sweeteners with no nutritional value, the researchers found.

“We identified numerous labeling practices that obscure the true nature of drinks purporting to contain juice and would make it difficult for consumers to identify healthier products,” the researchers said. “Labeling practices appear to be designed to blur the distinction between drinks recommended for children and those containing added sugar or nonnutritive sweeteners.”

While experts recommend that children do not consume products with added sugar and sweeteners, the labeling practices make it hard for consumers to select healthy products, the study found.

— Mark Barna

For studies and podcasts from APHI, visit www.aphi.org.
REGISTER JULY 1!
APHA’s 2020 Annual Meeting and Expo
San Francisco | Oct. 24 – 28

The COVID-19 pandemic is changing how we connect, live and learn — including plans for APHA’s 2020 Annual Meeting and Expo. We are continuing to plan for a streamlined in-person meeting Oct. 24 - 28 in San Francisco with expanded virtual options to enable our attendees, presenters and exhibitors to connect with the largest audience possible. This hybrid meeting will feature scientific sessions, presentations and networking that is so essential to the public health workforce.

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APHA IN BRIEF

APHA prominent in media on COVID-19

APHA has played a starring role in media coverage of the COVID-19 pandemic, consulting around-the-clock with reporters since before the disease reached the U.S.

APHA Executive Director Georges Benjamin, MD, and other Association leaders have appeared in hundreds of media reports on the disease and its effects, reaching millions of people. APHA experts have shared science-based information, showcased the vital role of public health workers in the response and highlighted the need for the work to shore up the nation’s public health infrastructure.

APHA has been sought out by outlets including The Washington Post, The Los Angeles Times, MSNBC, NPR and Fox News. The public health experts have discussed the gamut of topics—from concerns about equity to how to safely reopen businesses and schools.

From the outset of the pandemic, demand for reliable, knowledgeable input from APHA has soared. Between April 15 and May 15, mentions of the organization in media had a reach of 3.6 billion.

“We’re the trusted experts, so media know they can rely on us for facts and insights that can help save lives,” APHA Director of Strategic Communications Bob Ensigner told The Nation’s Health. “It is vital that we speak for public health and that we are heard on these issues.”

To read and watch a selection of the news stories, visit bit.ly/apha-in-the-news.

Racial equity series creates dialogue

Racial equity is essential to achieving health equity. To promote honest conversations about it, APHA is hosting “Advancing Racial Equity,” a four-part webinar series.

Launched in June, the webinars feature conversations that take a deep dive into the historic and present-day impact of racism on health and explore actionable steps to reduce racial inequality.

“We want to give people something organizations, institutions and communities can use to start having conversations and start taking action,” said Tia Taylor Williams, MPH, director of APHA’s Center for Public Health Policy and Center for School, Health and Education.

The June webinar, a recording of which can be watched online now, explored racism as the ultimate underlying condition for health. The series will continue through September and topics include housing, maternal health and community violence.

For more on the new webinars, visit www.apha.org/racial-equity.

Get Ready shares facts on COVID-19

Public health professionals looking for easy-to-understand COVID-19 information that they can share with the public have new tools at their disposal, thanks to APHA’s Get Ready campaign.

The campaign has released a series of new fact sheets with helpful information on staying safe during the outbreak, focusing on mental health, cleaning, information sources, workplace considerations, distancing and everyday safety. The campaign’s general COVID-19 fact sheet, originally released in January, has also been updated.

The campaign has also released short instructional videos on how to practice physical distancing, how to safely sneeze and cough, and the right way to wear a face covering.

The new fact sheets are available in English and Spanish and are free to use. Organizations, agencies and others can add their logo to the fact sheets.

For more information, visit www.aphagetready.org.

APHA recognizes 2020 graduating class

Public health needs top talent with fresh ideas to help manage the challenges of the COVID-19 pandemic. Fortunately, a bevy of talented professionals graduated in spring and are entering the U.S. public health workforce.

Noting the impacts of COVID-19 on the 2020 graduating class, APHA recognized the public health students with a statement of congratulations in May.

“In this hour of need, there is no better time to serve the public’s health,” APHA Executive Director Georges Benjamin, MD, said in the statement. “These graduates are the leaders of tomorrow, and the lessons they have learned during this outbreak will guide the future of public health.”

APHA’s Student Assembly celebrated their peers by sharing their stories and future plans on the group’s Facebook and Twitter pages.

Meanwhile, APHA joined the Time’s Up Foundation for a virtual celebration for graduates in STEM fields. The 2020 Health STEMencement featured messages of support from STEM leaders.

To watch a video of the event, visit www.youtube.com/aphadc.
New Healthy People report highlights policy, laws promoting breastfeeding

T he law is an especially potent tool for breaking down barriers to breastfeeding, according to the latest report from the Healthy People 2020 Law and Health Policy Project.

The report, released in May, provides local officials, providers and leaders with evidence-based laws and policies that promote breastfeeding and expand opportunities for women to breastfeed their babies.

While more than 4 out of 5 women breastfeed immediately after birth, many face barriers to continuing the practice, such as a lack of maternity leave or a place to pump breast milk at work. For example, among babies born in 2015, about 85% of mothers initiated breastfeeding. However, the breastfeeding rate dropped to almost 58% at six months after birth and about 36% at one year postpartum.

Breastfeeding is associated with a range of positive health impacts for both mother and child, but most women report that they are unable to breastfeed for as long as they had hoped.

To address the barriers and help the nation meet Healthy People 2020 breastfeeding goals, the new report details a wide range of laws and policies that impact breastfeeding rates and opportunities. Among them are enhanced maternity care practices, better provider training, family leave, quality insurance coverage and federal assistance programs.

For example, women who give birth at hospitals that participate in the Baby Friendly Hospital Initiative, which offers 10 specific steps to improve breastfeeding, are more likely to keep breastfeeding through their child’s first birthday, the authors reported. Family and medical leave are critical policies as well, with research showing that more leave is associated with better breastfeeding outcomes. In California, the state’s paid leave law has been associated with up to 20% increases in breastfeeding rates across the state.

Unfortunately, about 40% of the U.S. workforce is not eligible for the federal Family and Medical Leave Act, and only 15% of U.S. workers have access to paid leave. As of 2019, just nine states and Washington, D.C., guaranteed paid family leave by 2022, according to the report.

“The disruption of breastfeeding is associated with multiple health problems for mothers and children,” report authors wrote. “Public health initiatives, including legal and policy interventions and approaches designed to enable more mothers and infants to breastfeed, have the potential to markedly improve population health.”


— Kim Krisberg

Gaps in the U.S. public health infrastructure because of chronic federal underfunding have been cited as one of the reasons for the spread of COVID-19 in the nation this year.

According to the report, 17 states and Washington, D.C., cut their public health funding in fiscal year 2018, and one-fifth of local health departments reported cuts in their fiscal year 2017 budgets. Most state cuts were relatively small, though public health funding in Alaska, Maine and Texas is down more than 10%. Some states, the report found, have maintained or increased their public health funding, such as Nevada, which increased public health funding by 30%.

Locally, the percentage of large local health departments — agencies that serve 500,000 people or more — reporting budget cuts in fiscal year 2017 nearly doubled from the previous year, increasing from 10% to 19%. Among medium-sized health departments — those serving between 50,000 and 499,999 people — 18% reported budget cuts in fiscal year 2017, the report found. About 25% of small local health departments reported budget cuts in both fiscal years 2017 and 2016. The funding cuts contributed to and came on top of serious workforce shortages at the community level, where local health agencies have lost 55,000 jobs since 2008.

“Public health funding cuts at the federal, state and local levels undermine efforts to hire, train and retain a strong public health workforce, which in turn limits governments’ ability to effectively protect and promote the health of their communities,” the report stated.

The good news, the report noted, is that 89% of voters understand public health plays an important role in the health of their community and a majority of voters say they are willing to pay higher taxes to ensure everyone has access to basic public health protections. The report made a number of recommendations for strengthening and readying the public health system for the future, including increasing federal funding and providing enough funding to avoid interruptions for critical health security programs.

In particular, the report called on lawmakers to increase CDC’s funding by 22%, compared to fiscal year 2018 levels, by fiscal year 2022. Authors also called for increasing state and local public health investments by prioritizing social determinants of health with investments in evidence-based, health-promoting policies and programs such as universal pre-kindergarten, earned sick leave, complete streets initiatives and housing for people who are homeless.

“CDC funding represents the majority of public health funding nationally and locally,” Auerbach said. “When CDC funding is cut, state and local governments are often forced to reduce funding for critical programs including those to prevent chronic and infectious diseases, to protect environmental health and to provide vaccinations for children, among many others. These are programs Americans need and support. They shouldn’t be constantly on the chopping block.”


— Kim Krisberg
Fewer adults think they are thriving

The percentage of U.S. adults who describe themselves as “thriving” has fallen to the lowest levels since the Great Recession. Released in April, Gallup poll results found that about 49% of adults rated their lives high enough to be considered thriving, which represents the lowest percentage since the severe economic downturn of 2008.

Researchers interviewed about 20,000 adults between March 21 and April 5, asking them to rate their current and future lives from zero to 10 based on a well-being assessment tool known as the Cantril Self-Anchoring Striving Scale. People who rate their present lives as a seven or higher and their lives in five years as an eight or higher are considered thriving.

According to the poll, the April thriving rate is slightly down from earlier in March and down by 6.5 percentage points since October 2019. The decline in self-reported thriving was much greater among those ages 18 to 44, compared to older adults. The poll was held during the early weeks of safety restrictions in the U.S. because of COVID-19.

For the full poll results, visit www.gallup.com.

CDC: 4 in 10 teens have had sex

About 4 out of 10 U.S. teens have had sex, finds new data from the Centers for Disease Control and Prevention.

Between 2015 and 2017, 42% of never-married females ages 15 to 19 and 38% of never-married male teens reported that they had had sexual intercourse, according to a May data brief from the agency’s National Center for Health Statistics.

Among the young men, the percentage represented a 17% decline since 2002, while the percentage among young women was similar to previous years. The brief is based on data from the 2002 through 2015-2017 National Survey of Family Growth.

As of 2018, the brief noted, the U.S. teen birth rate had dropped 72% from its peak in 1991, but it still remained higher than in other high-income countries.

For more information on the NCHS brief, visit www.cdc.gov/nchs.

Rates of foodborne illness have stalled

U.S. rates of foodborne illness are not improving and progress on controlling the health threats has stalled, a new study finds.

The study, published May 1 in the Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report, is based on 2019 data from the agency’s Foodborne Diseases Active Surveillance Network, or FoodNet, which gathers data on confirmed illnesses caused by eight foodborne pathogens across 10 U.S. sites. When compared to 2016-2018 data, researchers found that incidence of infections caused by listeria, salmonella and shigella all remained unchanged, while those caused by pathogens such as campylobacter, cyclospora and vibrio increased significantly.

Overall, in 2019, the CDC surveillance network identified nearly 26,000 cases of foodborne infection, more than 6,100 related hospitalizations and 122 deaths.

Researchers said the data indicate that the U.S. will not meet national Healthy People 2020 targets for reducing foodborne illness.

“FoodNet surveillance data indicate that progress in controlling major foodborne pathogens in the United States has stalled,” the study stated. “To better protect the public and achieve forthcoming Healthy People 2030 foodborne disease reduction goals, more widespread use of known prevention measures and new strategies that target particular pathogens and serotypes are needed.”

Blood pressure high in rural counties

Rural residents experience much higher rates of high blood pressure than their city peers, a new research finds.

Overall, 40% of U.S. adults in very rural areas report having high blood pressure, compared to about 29% of people in the most urban areas, according to the May 8 study, which was published in the Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report. County-level prevalence of hypertension ranged from 18% to 55%, with the highest rates in Appalachia and the U.S. Southeast.

Use of hypertension medication was also higher in rural areas compared to urban ones, with the highest prevalence in southeastern and Appalachian counties, as well as in counties in Nebraska, North Dakota and South Dakota. The study is based on data from about 442,000 adults ages 18 or older who took part in CDC’s 2017 Behavioral Risk Factor Surveillance System.

Researchers noted that risk factors associated with hypertension, such as smoking, obesity and lack of physical activity, also tend to be higher in rural communities.

“CDC is working with states to improve hypertension treatment and control through team-based care interventions that involve physicians, nurses, pharmacists, dieticians and community health workers,” the study stated. “The increased use of telemedicine to support this strategy might improve the quality and availability of care among underserved populations.”

More hot days for US farmworkers

U.S. farmworkers could experience double the number of unsafely hot workdays by 2050, a new study finds.

Using estimates from climate models, researchers found that the number of unsafely hot days in crop-growing counties will jump to 39 days per season under 2 degrees Celsius warming, which is projected by 2050. The number of unsafe workdays would rise to 62 under 4 degrees Celsius warming, which is expected by 2100, according to the study, which was published in April in Environmental Research Letters.

Farmworkers who pick crops currently experience about 21 days each year when the daily heat index exceeds workplace safety standards.

The study also found that, on average, heat waves will happen five times as often under 2 degrees Celsius of warming. Farmworkers already face greater health risks related to heat exposure, researchers noted. — Kim Krisberg

Photo by Photo Beto, courtesy iStockphoto

Days of extreme heat are likely to increase, placing the health of farm laborers and other outdoor workers at risk, a study says.

Pablo Cabrera, of the San Gabriel Valley Mosquito and Vector Control District, delivers mosquito information in May in La Puente, California. Many health departments are cutting back on vector control because of the pandemic, a report says.

Using innovative mapping tools to prioritize high-risk areas. The report noted that tick-borne diseases hit a record high in 2017 in the U.S., with nearly 60,000 reported cases, and that warming climates are only expected to increase vector-borne disease risk.

Deaths of despair, coronavirus remain issues in some regions
Improving health of American Indians and Alaska Natives: Q&A with IHS Director Michael Weahkee

Rear Admiral Michael Weahkee was confirmed April 21 by the U.S. Senate as director of the Indian Health Service, an agency within the U.S. Department of Health and Human Services. He has served in various roles at IHS since 1998, and was appointed principal deputy director in 2017. IHS provides health care services to 2.6 million American Indians and Alaska Natives in hospitals, clinics and other settings. The coronavirus pandemic has created new challenges within American Indian and Alaska Native populations, but health successes point to a hopeful future.

What have been the primary public health needs for American Indians and Alaska Natives? Weahkee
I’ve had the opportunity to travel extensively throughout Indian country, both rural and urban locations, and I think that some of the health issues really do bundle up to the top. Water and sanitation systems is a big one. Putting in clean water systems, sewer systems, solid waste disposal. And I think really if you take a social determinants of health look across Indian country, many of the items really are very much present. Adequate stable housing has been a major concern, as well as transportation issues.

American Indians and Alaska Natives have long experienced lower health status when compared to other Americans. Heart disease and cancers, diabetes and unintentional injuries are the leading causes of death for our population. And of course, we have a lower life expectancy than the U.S. general population, about five and a half years less.

Seventy percent of the American Indian population lives in urban settings, while others live in rural settings, including reservations. What are the similarities and differences between the populations? Weahkee
I think that the low socioeconomic status is pervasive through both rural and urban Indian populations. Those in the urban areas tend to have higher educational attainment status, but there are similar concerns. People move to the cities for jobs, but the jobs that they get are not always the best paying jobs. One thing that is similar between the two populations is the importance of culture, traditions and social gatherings.

What other health issues are impacting American Indians and Alaska Natives? Weahkee
The opioid epidemic has been a problem, and we continue to have issues with heroin, with alcohol, with methamphetamine.

We’ve created what we call our Heroin, Opioids and Pain Efforts, or HOPE Committee, to address those issues within Indian Country.

With physical distancing enacted due to the pandemic, how is IHS health care adjusting? Weahkee
Our challenges with COVID include how we ensure that patients with chronic health conditions continue to get the treatment and the medications they need.

We’ve expanded prescription fills from 30 days to 90 days to help alleviate the need for them to see their physician and spread out the physical in-person meetings as best we can.

We’ve also worked hard to expand telehealth so that patients can connect with their care teams without the requirement to come into the hospital or the health center.

COVID-19 has been a particular problem on the Navajo Nation reservation in the Southwest, with 60 deaths as of mid-May.

We would consider Navajo Nation to be our New York City, if you will, in terms of impact. But leadership has done a great job of putting in place 57-hour curfews over the weekends, standing up roadblocks and using their tribal police to educate and remind people of the importance of physical distancing.

But a lot of the families on Navajo have found it difficult to adhere to some of the physical distancing requirements because there are limited food options on the reservation. They need to drive in to border towns to restock their groceries. Leadership is stressing that whenever they shop for grocery, they don’t take their whole family, that it’s one person: You have your cloth mask on, you get in, you get out.

It’s not an all-day family affair when you bring grandma, grandpa and all the kids.

What improvements have been there in health? Weahkee
I would point to the successes that we’ve seen on the diabetes front. We’ve actually seen a lot of great success over the last decade in reductions in kidney failure. Published reports show a 54% reduction in end-stage renal disease, kidney failure and more than a 50% reduction in diabetes-related blindness. We’ve seen a decrease in diabetes prevalence from a rate of 15.4% in 2013 to 14.6% in 2017. This represents a 5.2% decrease in the prevalence of diabetes in American Indian and Alaska Native adults, so that’s a great story for us to share.

We’ve also seen significant improvements in maternal and child health.

We have an excellent partnership with the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics through what we call CONACH — or the Committee on Native American Child Health. And that partnership has really resulted in tremendous progress in infant mortality and maternal health.

Is mental and behavioral health being addressed? Weahkee
Absolutely. We unfortu-
nately have had some suicide clusters in many of our tribal communities. Many of those have been attributed to historical trauma. Indian people were forced onto reservations, forced assimilation, required to go to boarding schools. So all of those issues in our history have contributed to mental health and behavioral health issues today.

We have people who may have been impacted turn to unhealthy coping mechanisms, things like drugs and alcohol. Those further contribute to mental health and behavioral health issues.

The vast majority of our 605 health facilities out in the 37 states where we operate do have mental health or behavioral health programs as part of their scope of service. And many of them, due to the coronavirus, have really transitioned to providing those services via telehealth and videoconferencing technology.

Tell us about your American Indian heritage. Weahkee
I was born in Shiprock, New Mexico, which is on the Navajo reservation. I was kind of raised and grew up in a border town of Aztec and Farmington, New Mexico, which is in the far northwest corner of the state. I’m a proud citizen of the Zuni Tribe.

Our reservation is just south of the Navajo reservation.

Growing up, we would travel back and forth to our home reservation to visit extended family and attend ceremonies. Our big ceremony of the year is called Shalako. It’s basically our new year, which occurs with the change of the winter solstice. I still go back every year now to participate in elk hunting with my family.

My wife is a member of the Navajo Nation, so we are very much tied in to the Four Corners area.

What do you look forward to as director of IHS? Weahkee
That work, I think which has been validated through the Senate confirmation, that I look forward to most is continuing to improve the system of care overall.

We’ve created the new Office of Quality at the headquarters level charged with oversight. And we’ve done a great job, made a lot of progress. We’re now only two open recommendations from being off of the (U.S. Government Accountability Office) high risk list. We’ve made a lot of strides there to get back into the good graces of Congress.

And then the other major initiative I’m proud of is work on what I call relationship-based care, which is focusing on our collegial relationships, our relationships with our patients and their families.

The third aspect is the relationship we have with ourselves in making sure that we’re taking into account self-care and spending good quality time with our families, as well as our work families.

— Interview conducted, edited and condensed by Mark Barna
For more information on the Indian Health Service, visit www.ihs.gov
People wait in line at a food bank in Orlando on May 7. With the economy and job loss worsening because of the COVID-19 pandemic, experts fear mental health will suffer.

DESPAIR, Continued From Page 1

Mental Health Services Administration

For years America had been reeling from a steady rise in “deaths of despair,” which are defined as deaths by suicide or associated with alcohol or drug use. Nearly 182,000 people died from those means in 2018. Then came the COVID-19 outbreak.

A May 8 report estimated 75,000 additional U.S. deaths of despair over the next decade. The projection was based on a model of the socioeconomic fallout from the coronavirus pandemic and continuing paucity of mental health services. The researchers acknowledged that if they had also modeled the mental stresses of social isolation and economic uncertainty, the estimate would have been higher.

“It is as if COVID has come in as a multiplier of social, economic factors that are making deaths of despair even worse,” said Benjamin Miller, PsyD, chief strategy officer at the Well Being Trust foundation, which released the report with the Robert Graham Center for Policy Studies in Family Medicine and Primary Care.

The estimate, of course, is not America’s definitive fate. Effective policies exist that show suicides can be reduced through gun safety laws and other means. New research indicates that health care settings offer an opportunity for increased surveillance of at-risk people. And technology can be harnessed by holding virtual office visits and group therapy sessions on conferencing sites to connect people with mental health professionals, expanding care.

In addition, the Coronavirus Aid, Relief and Economic Security Act, signed into law in March, includes $425 million for mental health services and provisions for expanding tele-health for those who qualify. But much more is needed.

“If you want to talk about the triplet separated at birth — primary care, public health and mental health — now is the time to invest robustly in them to give us the system we all deserve,” Miller told The Nation’s Health.

One promising national initiative is Project 2025, started five years ago by the American Foundation for Suicide Prevention, the largest organization of its kind in the U.S. The project includes a dozen partners pursuing a 20% reduction in suicides by 2025. Suicide prevention methods are being piloted and implemented across the country, including universal screening in health care settings for suicidal ideation.

Research funded by the National Institute of Mental Health, a project partner, shows that asking health care providers if they are suicidal is an effective intervention. Questions have been created for health care workers to ask patients, regardless if they show suicidal signs.

Studies show that the majority of people who have attempted or died by suicide visited a health care system in the weeks or months prior to their deaths, said Lisa Horowitz, PhD, MPH, staff scientist and clinical psychologist at NIMH.

“I’m talking about emergency departments, primary care offices, hospitals,” she said.

“And their suicidality goes undetected because most health care settings are not screening for suicide risk routinely.

“You may be the first person to ask a child or teenager about suicide, and now you have started the conversation,” Horowitz told The Nation’s Health. “The doctor or nurse can be the bridge to getting people the mental health care they need, or be the one to put a family on notice that a loved one is suffering.”

Horowitz said it is a myth that asking about suicidal ideation plants a dangerous seed.

“It is actually the opposite,” she said. “The best way to protect someone from killing themselves is to ask directly, ‘Are you thinking of killing yourself? Then listen when they answer, and get them help. Asking also de-stigmatizes suicide because it becomes part of the conversation.”

Project 2025 also supports “red flag” laws, which give police authority to remove firearms from high-risk people, and tougher background checks and licensing processes for firearm purchases. Guns are used in nearly half of all suicides, which have increased 35% over the last two decades to about 47,000 annually, according to the Centers for Disease Control and Prevention.

“Suicide and guns share a fatal link,” Mighty Fine, MPH, CHES, APHA’s director of public health practice and professional development, told The Nation’s Health. “While we must address the root causes of suicide, we have to acknowledge the role of gun access to truly curb this major public health issue.”

Mental health first aid offers support

During long-term disasters such as a pandemic, some people will buckle from the psychological toll, said George Everly, PhD, a disaster-relief psychologist with faculty positions at Johns Hopkins Bloomberg School of Public Health and Johns Hopkins School of Medicine.

The problem typically begins weeks or months after the pandemic’s peak of infections and deaths, periods when deaths of despair usually rise.

“Expect this to get worse before it gets better, psychologically speaking,” Everly told The Nation’s Health in May.

To prepare to help people in distress, public health workers can learn simple techniques. Time-tested methods within the psychological field have been packaged into a variety of mental health first-aid training models.

“They are an evidence-based approach and very helpful,” Lazza Marques, PhD, president of the Anxiety and Depression Association of America and an associate professor of psychology at Harvard Medical School, told The Nation’s Health. “Because of their simplicity, the programs can help anyone, even without mental health training.”

At the Johns Hopkins Center for Public Health Preparedness, Everly created a first-aid training model called RAPID, or Reflective Listening, Assessment, Prioritization, Intervention and Disposition. Some people will need professional help to build resilience during the pandemic, but others will need only someone who cares and knows how to listen, he said.

“Sometimes all people need is an ear,” Everly said. “They don’t want you to fix the problem because the problem can’t be fixed. They want to be heard. They want their story to be validated. And they want some glimmer of hope — that there is a light at the end of the tunnel that is not an oncoming train.”

“We underestimate the psychological strength of people,” he continued. “If we provide them with information, guidance, we will lessen the burden on the public health system and at the same time do a service to people through empowerment — they are taking care of themselves.”

To learn more about John Hopkins’ RAPID training, visit www.jhsph.edu. To learn more about Project 2025, visit https://project2025.afsp.org.

— Mark Barna

This article is the second 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 opens July 1.
Coalition focuses on improving Hispanic health during COVID-19

PUBLICATION ADVOCATES are using a new task force to address the health and well-being of U.S. Hispanics during the COVID-19 outbreak. APHA’s Latino Caucus for Public Health and the Latinx Voces en Salud Campaign have launched the Latinx COVID-19 Task Force, which is tackling inequities Hispanics have faced from the disease and its fallout.

The collaborative comprises more than 30 local, state and national organizations that are focused on the health of the U.S. Hispanic population. Partners include Alianza Americas, Día del la Mujer Latina and Salud America.

The task force’s mission is to promote authoritative public health information with organizations that serve the Hispanic community.

“The ideas, strategies and next steps coming from the Latinx COVID-19 Task Force are based on the passionate desire to help ‘nuestra comunidad’ — our community,” Paulina Sosa, chair of the task force and vice president of APHA’s Latino Caucus, said in a post on APHA’s Public Health Newswire.

Data show that U.S. Hispanics have been disproportionately impacted by the pandemic, revealing a need for more culturally appropriate, science-based information for them on COVID-19, said José Ramón Fernández-Peña, MD, MPA, APHA president-elect.

“A persistent problem is that there is a large segment of the Latinx community getting information that is not science-based,” said Fernández-Peña in a May news release highlighting Hispanic health during the pandemic. “Many get their information from informal sources and not necessarily from organizations such as the Centers for Disease Control and Prevention or their local health department.”

The need for more appropriate health resources is just one of the existing disparities that the pandemic has brought to the forefront. Hispanics also have higher uninsurance rates and are more bothered than the rest of the U.S. population about the impact the outbreak will have on their finances.

And trying to stay safe from COVID-19 poses other problems. Some have poor access to personal protective equipment, and a higher percent of the population work in jobs deemed essential, such as meat-packing, farming and service industries. On average, Hispanics also have more people living in a single household, making physical distancing at home more difficult.

“We hope to address the many different needs faced by our Latinx community and others that do not have equitable access to public health and the vital information that supports it,” Sosa said.

For more information, visit bit.ly/LatinxCOVID-TaskForce.

— Aaron Warnick

Pandemic highlights health disparities within Hispanic community
Unequal impacts: Q&A with Salud America leader Amelie Ramirez on Hispanics and COVID-19

As COVID-19 spread throughout across the U.S. this spring, it highlighted worsening health disparities faced by minority populations in the U.S., including Hispanics. In April, half of U.S. Hispanics said they or someone in their household had taken a pay cut, lost their job or both because of the coronavirus outbreak. Preliminary data has also shown that Hispanics make up an unequal proportion of coronavirus cases in some states. In a recent podcast, The Nation’s Health spoke with Amelie Ramirez, who is the director of Salud America.

How does COVID-19 impact Hispanics in the U.S. differently?
Out of all the reasons we think (we’re seeing a disproportionate impact) is our population, our Latino community, really has a lot of different co-morbidities that are making it more difficult perhaps to get the treatment that they need.

For example, we have higher rates of diabetes, obesity, cardiovascular disease, asthma in our community, so that if they are impacted by COVID-19, their cases are probably more complicated because of that.

Are there other circumstances that might be leading to the health differences?
What we’re seeing is also our community — a large portion of our community, about 27% of them — live in poverty, and we have high uninsured rates. They also are more likely to be in front-line jobs where they are feeling they can’t take time away by visiting a doctor and getting checked.

The percentage of individuals, I think, is about 16% of Latinos who can really kind of have jobs that allow them to work from home. Therefore, their level of exposure is going to be higher.

Many of them are working in high-contact jobs such as food, retail, hospitality — the ones that are in the hospital helping to clean up, different cleaning services, and things like that. They are around a lot of people and helping transport individuals. Many of these jobs don’t allow them to have that physical distancing that is required.

They are the ones that have to really be in the front lines...(and a) large portion of our families live in smaller housing in apartments. Sometimes they might have larger families or multiple families living in one residence.

So, again, that doesn’t give them a lot of social distancing. They are used to being together. They want to see their families. They want to be united, so they will go by and check on each other and things like that.

Do you have other concerns with equity during this pandemic?
The educational impact that this is having on our families, the digital divide.

Many of our families may not have access to computers and if they can’t get access to the libraries for kids to complete their school assignments, that has created an extra strain on our families. Also, some of our children might be receiving some of their breakfasts and lunches at school. Those are additional hardships that families are facing and causing distress to our families.

We don’t know at this point in time if our lower-income school districts have been able to reach out to all their kids. How many of them are actually participating? Of those who haven’t been participating, do we know anything about those kids? So, again, I think it’s shining a light on our educational system as well.

What role does language play during a public health emergency such as this?
Language is very critical. We’re seeing a larger portion of our families in which Spanish might be their primary language. As you’ll notice, there’s not a whole lot of information out there available in Spanish and being available at a literacy level that is something that is easier to consume. Yes, they are hearing all the English language and some Spanish language media, but we certainly need to do more to get this information out to them.

What can public health due to reduce the damage the pandemic is having on the Hispanic community?
We need to do a better job improving access to care. Even if we had ample testing available, this is a population group that would have little access or be on the tail end of accessing testing, again because of their inability to take time off from work to go get tested.

— Interview conducted, edited and condensed by Aaron Warnick

To hear the full conversation, listen to The Nation’s Health Podcast at bit.ly/nationshealthpodcast.

Some U.S. Hispanics are facing barriers during the COVID-19 pandemic, such as access to reliable information in Spanish.
FUTURE,
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careers in governmental public health. However, Laura Magaña, PhD, MS, president and CEO of the Association of Schools and Programs of Public Health, said she believes there will be renewed interest in those roles too.

“Hopefully now people are more interested in seeing the importance of government’s responsibility and jobs in terms of helping the national strategy, the state strategy and the local strategy,” she told The Nation’s Health.

She also predicted there will be more public health content taught at all levels of education — from kindergarten through high school and beyond.

“Now we need citizens that are more educated in terms of public health issues,” Magaña said.

“The world has taught us with this experience that we better start early.”

There will also be a greater focus on core cross-cutting educational competencies, she said. Skills such as leadership, systems thinking, decisionmaking, creativity and collaboration will be increasingly important for students so they can respond to public health crises.

But “you cannot have everything possible in the curriculum,” Magaña said. Instead, public health programs can focus on teaching students how to be self-learners who seek out new knowledge as challenges arise.

Universities will also need to be more flexible in how they deliver a public health curriculum. In addition to offering a four-year bachelor’s degree, for example, a university may also develop online courses, a modular program or summer-only courses, she said. And schools in general will need to embrace new technology, as illustrated this spring when classes went online-only.

Another area that changed during the pandemic was more collaboration between the health care community and public health professionals, which could continue in the future.

“In almost every other nation, there is not a discriminator between medical care services and governmental public health,” APHA Executive Director Georges Benjamin, MD, told The Nation’s Health.

“We’re really the one nation in the world that has such a clear division between the two.”

But during the coronavirus crisis, that division has evaporated, Benjamin said. Doctors and nurses working on the front lines are working as — and being recognized as — public health practitioners.

APHA member Kaye Bender, PhD, RN, FAAN, former president and CEO of the Public Health Accreditation Board, said that the collaboration has not been entirely smooth throughout the pandemic.

However, there have been some bright spots that suggest better collaboration in the future.

“It really isn’t a competition,” Bender, who is a consultant and executive director of the Mississippi Public Health Association, told The Nation’s Health.

Bender pointed to two other essential public health areas that have strengthened during the pandemic: technology use and the speed of information. Using technology for contact tracing is not a novel concept, but it was not universally embraced and used before, Bender said.

Typically, contact tracing for diseases such as tuberculosis and sexually transmitted infections has been done on foot, with follow-up by phone. But using technology for effective COVID-19 contact tracing is helpful, she said. Because the disease is so widespread and so contagious, on-foot or telephone contact could put workers at risk.

Perfecting a surveillance system using apps can benefit contact tracing for other communicable diseases, such as TB and STIs, as well as future virus outbreaks, Bender said.

State and local health departments have also developed strategies to release information quickly during the pandemic. Again, releasing critical data — such as the number of COVID-19 infections and deaths per county, region or state — rapidly and broadly to all communities has long been discussed in public health. But the pandemic elevated the need, Bender said.

“The experience with COVID has shown us that with the right technology and the right experience of the workforce, you can get accurate statistics out every day if you need to,” she said.

To ensure all communities have access to that data, the United States will need to focus more attention on expanding broadband internet access, she added. Broadband access is also critical for the increased use of telehealth. Last year, 73% of people in the U.S. had broadband access, compared with only 63% in rural communities, according to the Pew Research Center.

Technology could also play an important role after a COVID-19 vaccine is created. To prevent public health workers will need to collaborate with vaccine providers to develop a vaccine distribution plan and establish policies that prioritize who gets vaccinated first, Bender said. State and local health departments will be tasked with equitably distributing a vaccine quickly and managing vaccine registries for the long term.

“That’s the back end of surveillance,” Bender said.

“COVID-19 is going to impose increased work for government public health workers for quite awhile.”

State health departments will also need to continue to play a critical role in protecting the public’s health throughout and after the pandemic.

“State health departments have a unique role to coordinate, strategize, facilitate and function at the state level as that chief public health expert and strategist,” Bender said.

However, public health remains chronically underfunded, with spending declining over the past 20 years. Despite the increased attention to public health, it remains unclear whether policymakers will increase investments in the public health infrastructure and workforce.

Local health departments alone lost more than 56,000 jobs since 2008 because of budget cuts, according to Trust for America’s Health. While the U.S. spends about $3.6 trillion each year on health, less than 3% of that goes to public health and prevention, according to the organization.

In November, as part of the Public Health Leadership Forum, a group of experts created a plan for supporting U.S. public health infrastructure. The forum outlined core principles and criteria to establish a sustainable financing structure, said Bender, who was a part of the group.

The forum concluded there was a $4.5 billion shortfall below what was needed to support core public health capabilities, and that was before the pandemic reached the U.S.

The nation spends $19 per person annually on public health, but it needs to spend at least $32 per person, the forum said.

Frieden is now president and CEO of Resolve to Save Lives, which works to prevent epidemics as one of its goals. He and other public health leaders called on Congress in May to create a “permanent budget cap exemption for public health functions that are critical to prevent, detect and respond to infectious diseases.”

They suggested the creation of a health defense operations budget designation that would exempt critical functions from spending caps.

This is a potential road for very stable and increased funding for public health for the long term,” Frieden told The Nation’s Health.

Reversing the funding decline and shoring up public health will require leadership, Benjamin said.

“It’s going to take someone in Congress to say, ‘This is going to happen, and I’m not going to give up,’” he said.

For more on the Public Health Leadership Forum, visit www.resolve2savelives.org.

— Melanie Pudgett Powers
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Health departments ramp up contact tracing to control COVID-19 outbreak

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“Contact tracing is an important tool in U.S. public health, used to contain outbreaks in the country,” ASTHO Chief Medical Officer Marcus Plescia, MD, MPH, an APHA member, told The Nation’s Health. “And this is the opportunity for our society to get one step ahead of COVID, rather than one step behind, which is how it feels like we’ve been up until now.”

But the work is a challenge. U.S. governmental public health has been underfunded and understaffed for years. And even though the Coronavirus Aid, Relief, and Economic Security Act, passed in March, supplied additional funds for public health, scaling up tracing to such an unprecedented level is difficult. In densely populated areas, 30 tracers are needed per 100,000 people, ASTHO calculates. As of mid-May, only a handful of local and state governments had developed the necessary public health infrastructure to support widespread tracing.

Indiana health departments are receiving help from a call center company called Maximus, Indiana Gov. Eric Holcomb announced April 29. To learn the job, 500 Maximus phone bank workers took an online course on contact tracing developed by ASTHO, State medical and public health students are also part of tracing efforts.

The Florida Department of Health hired over 1,000 contact tracers in spring, with the goal of tracing “every positive case of COVID-19 in Florida,” department spokesperson Alberto Moscoso told The Nation’s Health. University public health schools have supplied much of the staff. Janice Zgibor, PhD, associate dean of academic affairs at the University of South Florida College of Public Health, recruited 64 students and nine faculty. Zgibor, an APHA member, told The Nation’s Health she expects the program to expand to include students from South Florida’s nursing and social work schools.

Digital tracing may also help fight the pandemic. Both Apple and Google are working on tools that notify users if they have been near someone with a self-reported COVID-19 diagnosis. China, South Korea, Taiwan and Singapore have used similar notification apps. In South Korea, cellphone GPS records and credit card transaction records helped track people with COVID-19.

But some health experts are skeptical that digital tracing systems will have success in America. Google and Apple say they will not share location data with public health agencies, which means infectious spread cannot be widely tracked and contained, said Welty, a senior program manager at the University of California-San Francisco’s Institute for Global Health Sciences. Also, users may not be the people most at risk.

“Most people being infected by COVID are the vulnerable populations — the homeless, the migrant populations living in high-density housing, people with underlying conditions, minorities,” Welty told The Nation’s Health. “The technology solutions are also going to miss (a lot of) people.”

And though it helped in South Korea, mobile surveillance is a tough sell in America, said Crystal Watson, DrPh, MPH, senior scholar at the Center for Health Security at Johns Hopkins University, which launched a free online contact tracing course via Coursera in May.

“There is a difference in the privacy violations that we are willing to accept here in the United States, and that needs to be navigated carefully,” Watson said.

Because tracing works best with ample disease testing, the fact that less than 3% of Americans had been tested for COVID-19 as of May presents a barrier. But Watson has a workaround: Assume that people who have symptoms or have been exposed are positive.

“Have them be traced for their contacts before even receiving a positive test result,” Watson told The Nation’s Health.

San Francisco was one of the cities to get an early start against COVID-19. The city joined Bay Area counties by locking down as early as March 16, and as of mid-May, the city had fewer than 30 deaths related to the disease.

In partnership with the local health department and the University of California-San Francisco, the city trained 250 contact tracers, with 150 starting in spring. The task force will expand and contract based on need, Welty said.

A successful tracing program creates public trust and provides ample wrap-around services, she said. Housing, food and cleaning supplies need to be available to people isolating or quarantining for two weeks. Kindness and respect are also essential, she noted. Otherwise, people will not cooperate, and enforcing compliance is not a viable strategy.

“People in San Francisco are generally feeling supported by the city health authorities and not vil-lainized,” Welty said. “They are not worried about being scammed or having immigration status checked.”

As for the coronavirus case at the San Francisco home that Welty worked on in March, multiple city employees worked long hours to meet the needs of the residents, a low-income Hispanic extended family in the disadvantaged Mission District.

One of the residents was a meatpacking worker who had tested negative and whom Welty had asked to self-quarantine, even though he had no sick leave benefits and had an extended family to support.

“I was skeptical if he was not going to go to work,” Welty said. “But I was also concerned because working at a food-packing place with 200 people has potential to be a powder keg.”

After several weeks, she called the family together: He had stayed home.

To learn more about contact tracing, visit https://astho.org and the Centers for Disease Control and Prevention’s website: CDCContactTracing.

— Mark Barna

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Secure Your Public Health Legacy
Johns Hopkins students step up to serve during COVID-19 outbreak

PUBLIC HEALTH and medical students across the U.S. have answered the call to serve during the COVID-19 pandemic, taking on roles that will benefit both the health of the nation and their future careers.

Among those who have stepped up are students at Johns Hopkins University Bloomberg School of Public Health, who are supporting research work in laboratories, mapping cases of the disease, providing humanitarian aid to people in need and more.

The students are contributing to a range of work that “understands the vast scope and immense public health needs we are facing,” said Beth Resnick, DrPH, MPH, associate dean for public health practice at the school’s Bloomberg School of Public Health.

“This is an incredible time for public health,” she told The Nation’s Health.

“Students are living up to the challenge and are a key component of our response efforts.”

Henri Garrison-Desany, MSPH, an epidemiology PhD candidate at Johns Hopkins, was moved to set aside his research to be more hands-on during the crisis. At a time when COVID-19 is infecting thousands of people in correctional health settings, he has been working with a team that writes affidavits on prison health safety.

“Coming from a research background, I was probably more removed than your average public health student,” Garrison-Desany told The Nation’s Health. “But when it became clear that people in prisons were getting left behind, I couldn’t just sit there with my code.”

What started as advocacy for the handful of prisoners waiting to be released in Baltimore turned into an evaluation of pandemic safety conditions on prisons in North Carolina and beyond.

“I quickly learned how everything is connected, and it will hopefully make me a better practitioner of public health when we’re on the other side of this,” Garrison-Desany said.

Small projects ballooning into larger ones is not uncommon for public health students working during the pandemic.

“It’s a tricky thing when everything is so dire and the time to move was yesterday,” said Anna Najor, MPH, a Johns Hopkins public health student.

Najor leads the B’More Donation Hub, which connects Baltimore’s community organizations with donated infection safety supplies. Teams are provided to organizations that serve high-risk and stigmatized populations, such as people who are homeless or who are sex workers.

“Somebody needs to be connecting the dots and reaching everyone,” she told The Nation’s Health.

“Unfortunately, more stigmatized populations get less help.”

As the pandemic worsened, problems for vulnerable people, the scope of Najor’s project quickly expanded. Recently she addressed problems involving access to water in the city for at-risk populations.

“Resnick is inspired watching the students step up. And her message is simple: Welcome to public health.

“There is always so much to do with too little resources and uncertain information,” Resnick said. “This can be overwhelming, especially in times of crisis.

“Keep at it, don’t give up, but realize you can’t fix it all and don’t go it alone,” she continued. “Take it one day at a time and be sure to take care of yourself.

For more on the donation hub, visit www.instagram.com/bmorehub. For more information on the Johns Hopkins work, visit www.jhsph.edu.

— Aaron Warnick

Tulane reaches out to mothers in need

Public health students at Tulane University are working to make sure that pregnant and postpartum women are getting necessary support during the COVID-19 pandemic.

The COVID-19 Emergency Response to Pregnancy and Postpartum education team that writes affidavits for public health safety.

“Tulane’s project quickly addressed problems of the nation and their future careers.

Among those who have stepped up are students at Johns Hopkins University Bloomberg School of Public Health, who are supporting research work in laboratories, mapping cases of the disease, providing humanitarian aid to people in need and more.

The students are contributing to a range of work that “understands the vast scope and immense public health needs we are facing,” said Beth Resnick, DrPH, MPH, associate dean for public health practice at the school’s Bloomberg School of Public Health.

“This is an incredible time for public health,” she told The Nation’s Health.

“Students are living up to the challenge and are a key component of our response efforts.”

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Pittsburgh student fights misinformation

Having accurate, science-based information is critical during the COVID-19 pandemic, so a student at the University of Pittsburgh is working to make it available.

Emerson Boggs, a PhD student in the Department of Infectious Diseases, has been using her expertise to ensure that information on a popular COVID-19 news forum on Reddit does not endanger public health.

Boggs and her fellow unpaid moderators serve as filters for the forum, flagging and removing posts with false or misleading information and reining in discussions when needed.

Boggs said that she is grateful for the opportunity to not only protect public health but also have opportunities to reassure people who may be fearful about the pandemic.

To access the forum, visit www.reddit.com/r/coronavirus.

Iowa educates on outdoor distancing

With stay-at-home orders enacted across the country because of COVID-19, taking a break outdoors was a simple way to improve mental and physical health. But the call to get outdoors led to crowds in parks and on trails, making physical distancing hard to maintain.

To help promote safe use of outdoor spaces in Iowa, Anne Abbott, a University of Iowa College of Public Health PhD student, started a campaign to remind people to practice physical distancing when using parks or trails.

“I noticed people were not following the CDC’s recommendations about six feet of social distancing,” Abbott said in a university news release.

In partnership with university’s Prevention Research Center, Abbott created printable posters and yard signs that offer easy-to-read tips and guidelines. Abbott’s poster for trail etiquette uses simple language to remind people to let others pass on the narrow trails and to stay six feet away from fellow hikers.

To download the free materials, visit bit.ly/COVIDOutdoorEtiquette.

Florida students join contact tracing team

In March, over 60 faculty and students at the University of Southern Florida’s College of Public Health joined the Florida Department of Health to work on contact tracing.

The students interviewed people diagnosed with COVID-19 to find out who they had come in contact with in recent days. They then collaborated with public health workers to have people tested. If a test was negative, the contacts were told to self-quarantine, and if positive, they were told to isolate themselves from others.

“Some calls are very emotional as you learn how it started with one family member and then another ends up being the sole caregiver for the household,” public health student Miriam Escobar said in a news release.

“Although I cannot solve their issues, I am able to listen, be present during our conversation and offer support. It is nice to be that shoulder for someone.”

By mid-May, the Florida Health Department had hired 1,000 contact tracers across the state, many of whom were students from public health schools, according to a spokesperson.

For more information, visit health.state.fl.us/publichealth.

— Aaron Warnick
**Partner violence drops in Nicaragua**

Women and girls in Nicaragua are reporting huge decreases in intimate partner violence, highlighting the importance of social movements that focus on women’s rights and violence prevention.

In a study published in April in *BMJ Global Health*, researchers found that the percentage of women and girls in Nicaragua’s second-poorest city who reported experiencing such violence in their lifetime dropped from 55% in 1995 to 28% in 2016. Women and girls reporting physical violence by partners in the preceding 12 months also decreased, from 28% to 8%, while reports of emotional violence in the prior 12 months fell from 43% to 23%. However, no difference was found in the prevalence of lifetime sexual violence.

To conduct the study, researchers compared interviews done in 2016 with almost 850 women ages 15 to 49 to data collected in 1995 from about 350 women. Over the time period, a movement to increase women’s knowledge of their rights spurred Nicaraguan society to address violence against women and girls, leading to legislative and judicial reforms as well as collaboration among police, government ministries and organizations to protect and support victims.

That Nicaragua, the second-poorest country in the Western Hemisphere, shows a comparable reduction in IPV to the U.S. is a stunning achievement,” said study co-author Mary Elsberg, PhD, executive director of the Global Women’s Institute at George Washington University, in a news release.

**Violence displaces millions of children**

Violence and conflict are displacing record numbers of children worldwide, UNICEF reported in May.

In 2019, about 19 million children — more than ever before — were living in displacement within their own countries due to conflict and violence, according to the report “Lost at Home,” which warned that the COVID-19 pandemic will likely make the situation worse. Internally displaced children typically lack access to basic services such as sanitation and are at risk for exploitation, abuse and trafficking, the global agency reported.

Twelve million new displacements of children occurred in 2019, according to the report, with 3.8 million of them due to conflict and violence and 8.2 million due to disasters such as flooding.

“Millions of displaced children around the world are already going without proper care and protection,” said UNICEF Executive Director Henrietta Fore in a news release.

“When new crises emerge, like the COVID-19 pandemic, these children are especially vulnerable. It is essential that governments and humanitarian partners work together to keep them safe, healthy, learning and protected.”

For more information, visit www.unicef.org.

**More work needed in herpes prevention**

About half a billion people worldwide have genital herpes, a new study finds.

Published in May in the *Bulletin of the World Health Organization*, the study also found that 3.7 billion people have an oral herpes infection.

Overall, as of 2016, about 13% of the world’s population ages 15 to 49 were living with herpes simplex virus Type 2, which is almost always sexually transmitted. Such infections disproportionately impacted women and people in WHO’s African Region. That same year, about 67% of the world’s population, from newborns up to age 49, had a herpes simplex virus Type 1 infection, which is mainly transmitted through oral-to-oral contact.

To conduct the study, researchers examined studies published between 2013 and 2018. They noted that the estimates highlight the need to scale up services to prevent and treat herpes in women, especially in low- and middle-income countries.

**Mexico’s soda tax lowers consumption**

Just three years after Mexico’s sugary drink tax went into effect, soda consumption is down, researchers reported in May.

In 2014, Mexico instituted an excise tax of one peso per liter on sugar-sweetened drinks, which translates into a 10% price increase. In a study published in The BMJ, researchers examined the policy’s impact, using years of data on soft drink consumption among 1,770 adults taking part in the Health Workers Cohort Study. They found that after the new soda tax, the probability of a person consuming no soda increased by almost five percentage points, while the probability of becoming a “low consumer” — or having one serving of soda per week — went up by more than eight percentage points.

Researchers noted that Mexico is home to some of the highest levels of diabetes, overweight and obesity in the world.

“We’re encouraging other cities and countries to start implementing similar policies,” said senior study author Dr. Marco Del Campo, of the University of Queensland in Australia.

For more information, visit www.unicef.org.

**COVID-19 disrupts kids’ vaccinations**

As COVID-19 disrupts access to immunization programs, millions of children worldwide could miss out on lifesaving vaccines, global health officials warn.

According to UNICEF, as of late April, most countries had suspended mass polio vaccinations and 25 nations had put off measles campaigns in compliance with pandemic response restrictions. The interruption could exacerbate existing gaps and risks, the agency cautioned, noting that in 2018, more than 13 million children younger than age 1 had not received any vaccines at all.

As part of its response, UNICEF and its partners called on governments to sustain immunization programs, ramp up vaccinations after the pandemic ends, and start work now to ensure any future COVID-19 vaccine reaches all those in need.

“Banning children missing out now on vaccines must not go their whole lives without protection from disease,” said Seth Berkley, MD, CEO of Gavi, the Vaccine Alliance, in a UNICEF news release. “The legacy of COVID-19 must not include the global resurgence of other killers like measles and polio.”

For more information, visit www.unicef.org.

**Disaster impacts trade networks**

Urban trade networks can spread the impacts of natural disasters far and wide, a new study finds.

Published in May in *Nature Sustainability*, the study found that local economic impacts of disasters can set off secondary impacts across a city’s production and trade network.

Using a model to estimate the spread of individual cyclone effects across the world’s cities, researchers found that cities are vulnerable to economic harm even if they are located far away from where the cyclone occurred. For instance, regional cities that are dependent on urban networks for industrial supplies are more vulnerable to secondary economic impacts than larger cities such as New York City and Beijing.

“In addition to improvements in protective infrastructure, urban adaptation to storm damage and climate change might require modifications to trade network linkages,” the study said.

— Kim Krisberg

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HEALTH FINDINGS

The latest public health studies and research

Menu options tied to alcohol consumption

Greater availability of nonalcoholic drinks could help lower people’s alcohol consumption, a new study finds.

Published in May in BMC Public Health, the study found that when adults were given eight drink options, they were 48% more likely to choose a nonalcoholic drink if the proportion of such drinks offered rose from four to six. But when the proportion of nonalcoholic drinks decreased from four to two, participants were 46% less likely to make the nonalcoholic choice. The study was based on data from about 800 adults in the United Kingdom who took part in an online drink selection experiment.

Overall, when participants were given a menu of mostly nonalcoholic drinks, 49% picked a nonalcoholic drink. In contrast, just 26% chose a nonalcoholic choice when presented with a menu of mostly alcoholic drinks.

“Increasing the availability of non-alcoholic drink options could increase their salience and make it easier for consumers to identify alternatives, as well as shifting expectations and norms in relation to seeing, purchasing and consuming non-alcoholic drinks in social settings over the longer term,” researchers wrote.

Teen diabetes, obesity linked to stroke risk

Teens who have Type 2 diabetes, obesity or high blood pressure may be at greater risk of premature blood vessel aging compared to their peers without such health conditions.

In a May study in the Journal of the American Heart Association, researchers followed more than 400 teens with an average age of 17 when the study first began. After five years, they found that teens with either obesity, Type 2 diabetes or high blood pressure were much more likely to have thicker and stiffer carotid arteries, which is the main blood vessel leading to the brain. The findings suggest that such teens face a higher risk of early stroke or heart attack.

“Although Type 2 diabetes is treated aggressively in the U.S., obesity needs to be treated just as vigorously because it has the same increased risk for premature aging of the blood vessels, which is an early sign of cardiovascular dysfunction and a precursor to cardiovascular diseases in adulthood,” said study co-author Justin Ryder, PhD, associate director of research for the Center for Pediatric Obesity Medicine at the University of Minnesota, in a news release.

Stress increasing for middle-age people

People in middle age are experiencing more daily stress today than they have in prior decades, according to a May study in American Psychologist.

To conduct the study, researchers examined data collected from about 1,500 adults in 1995 and from a different group of nearly 800 adults in 2012, with a goal of analyzing two cohorts of people who were about the same age at the time the data was gathered but were born in different decades. They found that across all ages, there was a small increase in daily stress in the 2010s compared to the 1990s. However, people ages 45 and 64 reported a much sharper increase in daily stress. Factors such as technology and care for aging parents played a role in the increase.

Children exposed to chemicals in carpets

Old carpets may be exposing children to per- and polyfluorinated chemicals, more commonly known as PFAS, which have been linked to impaired neurodevelopment, hormone disruption and cancer.

In a study published in April in Chemosphere, researchers measured PFAS concentrations in carpet and dust samples from 18 California child care centers in 2018.

The results found that both sources contained significant levels of 40 different PFAS. The study concluded that PFAS in carpets and dust can pose a health harm to children, especially since young children spend so much time on the floor.

The good news is that because most retailers no longer sell carpets that contain PFAS, replacing old carpets with new ones could eliminate the risk.

“From circle time to nap time, young schoolchildren spend a lot of time on the floor,” said study co-author Marta Venier, PhD, an associate scientist at Indiana University, in a news release. “Harmful PFAS in carpets and dust then collect on kids’ hands and toys, which they put in their mouths. This is also true in homes, where infants and toddlers crawl and play on carpets.”

Moving Life Course Theory Into Action: Making Change Happen

EDITED BY SARAH VERBIEST, DRPH, MSW, MPH

Moving Life Course Theory Into Action: Making Change Happen is designed to fit into the busy lives of practitioners. With new ideas and strategies delivered in a compact handbook style format, each chapter includes key points that offer a quick summary of the main lessons advanced by the authors.

ISBN: 978-087753-2950, 496 pages, Softbound, 2018

APHABOOKSTORE.ORG

Over the past decade, practitioners in the field of maternal and child health have gained a general understanding of Life Course Theory and its potential application to practice. This book focuses on moving Life Course Theory into practice, thereby filling a need for practitioners across a variety of fields and providing them with valuable strategies on how to apply this approach.

See HEALTH FINDINGS, Page 18
HEALTH FINDINGS, Continued from Page 17

Type 2 diabetes, a new study finds. Published in April in the Journal of Clinical Endocrinology and Metabolism, the study is based on data from the Fremantle Diabetes Study, which included thousands of patients in Australia with Type 2 diabetes between 1993 and 2001 and between 2008 and 2016. Overall, researchers found that the rate of heart attacks, stroke and other cardiovascular complications improved among those with diabetes over the two study periods, with the gap in cardiovascular mortality narrowing between those with diabetes and those without the chronic condition.

“Cardiovascular outcomes in Australians have improved since the 1990s, especially in Type 2 diabetes,” the study stated. “The difference in all-cause mortality between those with and without Type 2 diabetes has persisted despite longer survival.”

Better hygiene could lower antibiotic use

Better hygiene could reduce the need for antibiotics by up to 50%, according to a recent paper. Published in May in the American Journal of Infection Control, authors of a new position paper called for home and community hygiene to become part of plans to reduce deaths from antimicrobial resistance.

The paper, developed on behalf of the Global Hygiene Council, offers evidence that better hand hygiene in home and community settings can go a long way to improve health, especially in the midst of the COVID-19 pandemic. For example, researchers noted that better hand-washing not only reduces the need for antibiotics, but lowers the risk of common infections by up to 50%.

According to the paper, 35% of common infections that occur in health care and community settings are already resistant to antibiotics, with antibiotic resistance as high as 90% in some low- and middle-income countries.

Urgent care use for kids has drawbacks

Kids who get a lot of care via urgent care centers, as opposed to primary care providers, may be missing out on important preventive services, a new study finds.

Published in May in JAMA Network Open, the study is based on data from more than 4 million U.S. children and adolescents enrolled in Medicaid. Researchers found that a high reliance on urgent care centers was associated with age, race and whether a patient has a chronic condition. For example, children ages 6 to 12 were more likely to use urgent care for outpatient needs, compared to teens ages 13 to 18. White children had the greatest reliance on urgent care centers compared to black and Hispanic children.

The study noted that urgent care centers are a growing option, expanding from 7,000 such sites in 2015 to more than 9,000 in 2019. “While urgent care facilities may serve to increase access for acute care needs, high reliance on these facilities could have the unintended consequence of displacing important services that children receive in regular primary care settings,” said study co-author Rebecca Burns, MD, medical director of urgent care at Ann and Robert H. Lurie Children’s Hospital of Chicago, in a news release.

Climate change could slow down cyclones

Warming temperatures could cause hurricanes to slow down, which would likely result in more damage when they hit land, according to a recent study.

Published in April in Science Advances, the study is based on a number of simulations that assume the planet’s average temperature has gone up by 4 degrees Celsius, which is what scientists predict will happen by the end of the century if inadequate action is taken to curb fossil fuel use.

In that situation, researchers estimated that a hurricane’s forward motion would slow by about two miles per hour, or about 10% to 20% of current typical speeds, at latitudes near Japan and New York City. “Twenty-first century anthropogenic warming could decelerate tropical cyclones over populous midlatitude regions in Asia and North America, potentially compounding future tropical cyclone-related damages,” the study says.

Yoga helps manage migraine headaches

You can help treat migraines, reducing the length and frequency of the painful headaches.

In a study published in May in Neurology, researchers recruited 115 people ages 18 to 50 who experienced four to 14 headaches per month. All participants received needed medication and counseling on healthy habits, but one group practiced yoga at home over a two-month span.

While both groups reported improvements, those doing yoga had greater benefits when it came to headache frequency and how much the migraines disrupted daily life. Among the yoga group, headache frequency went from about nine headaches per month to just less than five per month, representing a 48% decrease.

In contrast, the group that received medication only reported just a 12% decrease. Also among those doing yoga, the average number of pills taken went down 47% after three months, compared to a decrease of 12% among those who only took medication.

― Kim Krisberg
Virtual health care escalates during pandemic in effort to protect patients

**Prior to the coronavirus pandemic, telehealth in the U.S. was a minor player in health care. Then, beginning in March, as stay-at-home orders took effect, virtual health visits spiked by 54%, Frost and Sullivan consultants reported.**

Jefferson Health, a collection of health services in greater Philadelphia, experienced a 20-fold increase. Through March, mental health providers completed over 34,000 appointments using VA Video Connect, which virtually connects veterans with care and is supported by the U.S. Department of Veterans Affairs.

“COVID-19 may be showing us that people prefer the care coming to them rather than people coming to the care,” Benjamin Kifer, PsyD, chief strategy officer at the Well Being Trust, told The Nation’s Health. “Right now I think it is all-hands-on-deck for any tool that allows telehealth that connects us to a provider or clinician or somebody else who can help.”

In the wake of the COVID-19 outbreak, telehealth expanded for a number of reasons, including a decision by the U.S. Department of Health and Human Services to temporarily loosen privacy restrictions and allow health providers to use “any non-public facing remote communication product that is available to communicate with patients” during the national public health emergency.

The move allowed providers to use video chat services. States also waived in-state licensing requirements, and private insurers expanded coverage. In a May article in JAMA Psychiatry, researchers debated if the loosened telehealth rules should be retightened once the national emergency ends.

They said health care facilities need to find a proper balance between virtual and in-person care for patients.

“How much virtual care is too much?” they said. “Is there a virtual saturation point, at which the benefits of a virtual relationship decrease or patients request more in-person interactions?”

Other professionals worry about health inequity and the virtual distance between doctor and patient.

Disadvantaged groups without a computer or high-speed internet access can be left out of virtual health care. Luana Marques, PhD, an associate professor of psychology at Harvard Medical School, told The Nation’s Health.

“Moreover, virtual physical examinations by a medical doctor and virtual conversations between patient and psychologist may not measure up to the information gathered during in-person office visits, said Lisa Horowitz, PhD, MPH, staff scientist and clinical psychologist at the National Institutes of Mental Health. Important symptoms might be missed.”

“Telehealth has been really important during this pandemic,” she told The Nation’s Health.

For more information on telehealth rules during the COVID-19 crisis, visit www.hhs.gov/hipaa.

— Mark Barna

**ON THE JOB IN BRIEF**

**Free contact tracing training available**

Public health practitioners and others interested in joining a new army of U.S. contact tracers can take advantage of free training opportunities.

In April, the Association of State and Territorial Health Officials and National Coalition of STD Directors launched online training for entry-level COVID-19 contact tracers. “Making Contact: A Training for COVID-19 Contact Tracers,” which can be completed in three hours, is designed to train people with little or no public health background, offering lessons in infectious disease control and education on the four main steps of contact tracing: notify, interview, locate contacts and monitor.

In May, Johns Hopkins Bloomberg School of Public Health debuted a similar online course, “COVID-19 Contact Tracing.” The free, six-hour course is open to anyone and teaches the basics of interviewing people diagnosed with COVID-19, identifying close contacts that might have been exposed, and offering guidance on quarantine.

The Public Health Foundation is compiling COVID-19 training opportunities via its TRAIN Learning Network, including courses on contact tracing, emergency risk communication and personal protective equipment.

For more information, visit www.phf.org, www.astho.org or www.jhsph.edu.

**Simulation helps with PPE training**

A low-cost simulation using ultraviolet light can help expose how contaminants spread through improper use of personal protective equipment.

In a study published in May in Medical Education, researchers used a nontoxic fluorescent solution during a training session with health care staff, who were instructed to don their protective gear and care for a simulated patient sprayed down with the fluorescent solution. The fluorescent solution was also included in a simulated nebulizer treatment that was also given to the patient.

After the simulation, workers were taken to a dark room where they could see how much of the simulated contagion landed on their protective gear and underneath it. Researchers found that the most common error was contaminating the face or forearms when removing protective gear. In contrast, workers who put on and took off their protective equipment according to guidelines had no signs of the fluorescent solution on their skin or face.

“This training method allows educators and learners to easily visualize any contamination on themselves after they fully remove their personal protective equipment,” said study co-author Patrick Hughes, DO, director of the emergency medicine simulation program at Florida Atlantic University, in a news release. “We can make immediate corrections to each individual’s technique based on visual evidence of the exposure.”

**Education needed on end-of-life care**

The general public does not fully understand the concepts of “futile treatment” or “potentially inappropriate treatment,” which may result in patients unnecessarily suffering, a new study finds.

Both terms refer to medical interventions that are highly unlikely to benefit patients who are so ill that additional treatment will not help. To gauge people’s understanding, the study, published in April in the Annals of the American Thoracic Society, conducted focus groups with 39 people ages 18 and older who either had hospitalized relatives or had been hospitalized themselves. Initially, participants had difficulty understanding the concept, were skeptical that medical treatment could be futile and expressed fear that medical futility could undermine patient autonomy. According to the study, even as participants grasped the concept of futile treatment, most still felt that families should demand aggressive treatments despite recommendations from doctors.

**Some doctors in dark on addiction drugs**

Almost one-third of U.S. primary care doctors do not understand that treating opioid addiction with medication is more effective than treating it without medication.

In an April study in the Annals of Internal Medicine, researchers analyzed survey responses from about 360 physicians who were listed in the American Medical Association Physician Masterfile. About 35% did not think medication was more effective, despite research showing that addiction treatment with one of three approved medications for opioid use is far more effective at helping people recover and at preventing overdoses.

Despite recommendations for its use, in 2015, only 14% of adults ages 18-64 with a substance use disorder received medication-assisted treatment in the past year, according to the National Survey on Drug Use and Health.

— Kim Krueger

**Several organizations are offering free online courses on contact tracing, as local and state governments ramp up capacity.**
Abortion care needs to be available to all during COVID-19 pandemic

ADVOCATES, Continued From Page 2

and ensure that healthy, affordable food is available to all."

APHA: Reinstates WHO funding now

The U.S. should reinstate its share of funding to the World Health Organization, according to APHA and other public health advocates.

Any effort to remove funding from WHO, particularly in this time of crisis, would be a crime against humanity and endanger the health of Americans and people around the world, APHA Executive Director Georges Benjamin, MD, said in an April 14 statement.

President Donald Trump had announced 10 days earlier that the U.S. would suspend WHO funding in protest of the organization’s response to the COVID-19 pandemic. But WHO’s work is critical in leading COVID-19 research and development across multiple countries as well as helping low-income nations prepare for coronavirus outbreaks, APHA said.

Work by WHO has slowed the spread and flattened the curve of COVID-19, APHA and over 1,000 other organizations told Trump on April 24. Thanks to WHO, over 2 million protective equipment items have been delivered to 13 countries, and 1.5 million test kits have been shipped to 125 countries. On March 18, WHO launched the Solidarity Trial to compare the effectiveness of four potential treatments for COVID-19, the advocates noted. Over 90 countries are participating in the trial.

The U.S. contributes over $400 million annually to WHO, which has a yearly budget of $4.8 billion.

APHA advocates for vaccine education

When a vaccine becomes available for COVID-19, vaccine hesitancy and skepticism in the U.S. will need to be addressed, APHA and other health advocates warn.

A bill introduced in 2019 to educate the public about vaccines is receiving new life as a way to address the problem when a COVID-19 vaccine is released. In an April 7 letter to congressional leaders, APHA and partners supported H.R. 2862, the Vaccine Awareness Campaign to Champions Immunization Nationally and Enhance Safety Act of 2019.

The bill strives to combat vaccine hesitancy and misinformation by showing the public why vaccines are effective and safe. It also authorizes research grants to better understand vaccine hesitancy, and the development of a national vaccination rate surveillance system at the Centers for Disease Control and Prevention, data from which could be used to identify communities with low vaccination rates and where vaccine misinformation is prevalent.

“Grants authorized in the legislation may be awarded to state, local and tribal health departments to engage communities with lower-than-average vaccination rates, better understand challenges to increasing vaccination rates in these communities and develop community partnerships to deliver evidence-based interventions to raise vaccination rates,” the advocates said.

USDA rule harms school nutrition

Federally subsidized school lunches in the U.S. should be healthy options. But a proposed rule by the U.S. Department of Agriculture threatens to make them less healthy, APHA and partners say.

Before over 72,000 U.S. schools were closed in spring due to the coronavirus pandemic, ensuring that the 37 million children sent home still can consume healthy nutritious lunches is important, the advocates said in an April 21 letter to U.S. Agriculture Secretary Sonny Perdue.

A USDA rule allowing a la carte meals will allow children to select fatty and sodium-rich foods, the advocates said. Also, the department’s proposal includes a cutback of vegetables and fruits.

This rule would thwart the progress schools are making to provide healthier food, decrease school meal participation and increase stigma toward children who rely on free and reduced-price meals,” the advocates said. “We should be raising the bar, not lowering the floor, when it comes to providing children healthy foods.”

Science critical for fighting air pollution

A proposed U.S. Environmental Protection Agency rule that allows the agency to maintain inadequate standards for air pollution matter that affects the respiratory health of millions of people in the U.S.

The Strengthening Transparency in Regulation Science and EPA should ignore public health studies that are based on private medical records. But that would mean many important studies on air pollution would be ignored, APHA and partners said in an April 14 statement.

For example, recent studies show that 8 micrograms per cubic meter of particulate matter in the air is sufficient to cause premature deaths. But the current EPA limit on airborne particulate matter is 12 micrograms.

In a 2017 study in the Journal of the American Medical Association found that seniors are harmed by particulate matter below the current standard.

APHA and over 100 scientists, researchers, public and environmental health advocates spoke out against the rule in an online hearing in April. The Union of Concerned Scientists hosted the unofficial hearing and its transcript was submitted as part of the public comment period on the rule.

Speaking on behalf of APHA, Surili Patel, director of the Association’s Center for Climate, Health and Equity, said the rule would further disadvantage low-income communities and communities of color as they face exposures from harmful environmental conditions.

“The scientific process has checks and balances to minimize methodological biases against certain populations,” Patel said. “Picking and choosing to admit certain studies may limit a comprehensive picture of the problem, and may ultimately raise health inequities.”

Health, safety of US workforce vital

Funding that ensures the health and the safety of the U.S. workforce is necessary and should not be cut, APHA and partners said in an April 16 letter to congressional leaders.

The federal government should allocate $554.8 million to the Occupational Safety and Health in the fiscal year 2021 Labor, Health and Human Services appropriations bill, said the advocates, who spoke out as part of the Friends of the National Institute for Occupational Safety and Health, a coalition dedicated to research and prevention of occupational injuries and illnesses.

The White House’s federal budget for 2021 proposes significant cuts funding for NIOSH, which would eliminate many important programs that protect the health and safety of the U.S. workforce, the advocates said. Those programs address issues such as education and research on worker safety and state occupational health and safety surveillance programs.

“Elimination of any of these programs would limit the abilities of workers to avoid exposures that can result in injury or illnesses, push back improved working conditions, eliminate occupational safety and health services to U.S. businesses, and may ultimately raise health care costs for businesses and consumers,” the advocates said.

Keep abortion an option during crisis

Abortion care is an essential public health service that should continue even during national emergencies, APHA said in a recent friend-of-the-court brief.

APHA and partners told a federal appeals court in Arkansas that abortions are an essential, time-sensitive health care service that must be allowed during the COVID-19 national emergency in the U.S.

“Without essential health services, many will suffer serious medical consequences or even die from conditions that were otherwise treatable,” the advocates said in the brief.

Unfortunately, the appeals court did not heed the call, and on April 22, it overturned a judge’s order allowing surgical abortions to continue. The court said that hospital space and protective equipment could not be used for surgeries such as abortions because of coronavirus health demands.

The case began in early April when the Arkansas Department of Health directed Little Rock Family Planning Services to stop

A bill to combat vaccine hesitancy may help soften any public fears about a COVID-19 vaccine when it becomes available.
performing nonemergency procedures, including abortions. But rather than stop, the family planning service obtained a temporary order from a district judge, allowing the organization to continue performing the procedure. The state eased its restrictions on elective surgical procedures in late April.

Courts in Alabama, Ohio, Oklahoma and Tennessee ruled against similar cases. APHA submitted friend-of-the-court briefs on cases in Oklahoma and Tennessee.

ACA repeal would devastate health care

The Affordable Care Act has been essential to U.S. public health over the past decade, and its loss during a pandemic would be a disaster, APHA and partners told the Supreme Court in a friend-of-the-court brief filed May 13.

This fall, the Supreme Court will hear arguments in California v. Texas — which cases in the U.S. occur in districts with qualifying schools, rather than limiting the program to children in qualifying low-income elementary schools.

In addition, funding should be supplied for USDA’s School Kitchen Equipment Grant program, the advocates said. Given the increase in people who are receiving school lunches because of the pandemic, many schools need to replace or upgrade existing cafeteria equipment.

Congress should expand access to the Special Supplemental Nutrition Program for Women, Infants and Children. Child eligibility should be raised to age 6, and postpartum eligibility for women, as well as infant and child certification periods, should be extended by two years.

The advocates concluded the letter by underscoring the importance of the Supplemental Nutrition Assistance Program. They asked that SNAP be strengthened by increasing the maximum benefit available to all households by 15% and increasing the minimum benefit from $16 to $30 throughout the economic downturn, rather than ending it once the national emergency declaration is lifted.

APHA supports work to end disparities

Health inequities in America have long harmed the health of Hispanics, blacks, Asians and other minority groups in the U.S. APHA is supporting legislation introduced in the House this spring that would address health equity.

In an April 27 letter to members of Congress, APHA, the National Health Law Program and other partners urged legislators to co-sponsor the Health Equity and Accountability Act of 2020. Introduced by Rep. Jesús “Chuy” García, D-Illinois, the act provides a comprehensive strategy for addressing health disparities in the U.S.

The bill establishes a series of programs and requirements relating to the health of minority populations, including provisions to improve data collection, health literacy, health workforce diversity and overall access to health care.

When comparing the health of minorities and whites in the U.S., many inequities can be found, studies show. Black adults are 60% more likely than white adults to be diagnosed with diabetes. Sixty percent of hepatitis B cases in the U.S. occur in Asians. American Indians and Alaska Natives die at higher rates than other Americans from a range of causes, including cirrhosis, diabetes, suicide and colorectal cancer.

— Mark Barna

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

Ortiz, public health microbiologist

APHA member Jesse Santana Ortiz, DrPH, died Dec. 31 in Washington, D.C. He was 86.

Ortiz, a professor emeritus of public health, was a longtime educator at the University of Massachusetts-Amherst School of Public Health and Health Sciences, first joining the faculty in 1972 and pursuing a career in microbiology and public health.

His research at the school included environmental parasites, bacterial outbreaks in freshwater and diseases among migrant farmworkers. He testified on the latter before Congress. Ortiz also served as president of the New England Public Health Association in 1999 and 2000.

After he retired in 2003, he spent his time tutoring vulnerable and disadvantaged students at Home-work House in Holyoke, Massachusetts.

Walker, health leader, past APHA president

APHA member Bailus Walker Jr., PhD, MPH, who served as the Association’s president in 1988, died in April.

Walker’s long career in public health included service in both the public sector and in academia. He served as commissioner of public health in Massachusetts, director of public health for the state of Michigan, and director of the Occupational Health Standards Division at the U.S. Occupational Safety and Health Administration.

His career also included serving as a science advisor to the National Library of Medicine and as dean of the public health faculty for the University of Oklahoma Health Sciences Center. He was a professor of environmental health at the State University of New York at Albany, as well as a professor of environmental and occupational medicine and toxicology at Howard University College of Medicine.

Walker was a longtime and active member in APHA and within the Association’s Environment Section. In addition to serving as APHA president, he was also a founding member of APHA’s first member Caucus — the Black Caucus of Health Workers — which was established to focus on eliminating disparities and inequities in health.

Among his many honors, Walker was a distinguished fellow of the Royal Society of Public Health and the American College of Epidemiology, as well as an elected member of the National Academy of Medicine. He was the recipient of the Distinguished Alumni Award from the University of Michigan School of Public Health and was honored with the school’s Environmental Health Sciences Award.

Kochtitzky, built environment advisor

APHA member Chris Kochtitzky, MSP, died on May 5.

With a master’s degree in urban and regional planning, Kochtitzky spent five years at the Agency for Toxic Substances and Disease Registry in the 1990s, before moving on to work at the Centers for Disease Control and Prevention’s National Center for Environmental Health, where he authored his first professional paper on the potential public health consequences of urban sprawl.

At the time of his death, he was a senior advisor within CDC’s Physical Activity and Health Program — where he worked to develop evidence-based guidelines and recommendations to increase physical activity and promote active living — and an adjunct professor at Emory University Rollins School of Public Health.

Kochtitzky was known as a passionate advocate for urban planning and community development and worked to engage engineers, architects and urban planners in public health improvement efforts. In fact, he often referred to such professionals as the invisible public health workforce, as their work could have profound impacts on people’s health and quality of life, from building more safe sidewalks to creating safe streets for bicycling.

He was a graduate of Florida State University and Millisaps College.

Ewalt, longtime public health nurse

APHA member Margaret Ewalt, MPH, RN, died April 29 in Findlay, Ohio. She was 87.

Ewalt served in a range of nursing roles during her career, including positions in Pittsburgh, Washington, D.C., and Bradenton, Florida. She was working at the Sarasota County Health Department in Florida at the time of her retirement. Ewalt, who was a longtime member of APHA’s Maternal and Child Health Section, received her master’s of public health degree from the University of Michigan School of Public Health.

— Kim Krisberg
Get the most out of food by composting your waste

By Aaron Warnick

Food scraps make up a third of all things we throw away. But instead of sending them to rot in a landfill, there’s a better option: recycling and reusing them through composting.

Composting means taking organic things and letting them break down or decay in a specific way so they can be used again. Once your scraps have been turned into compost, it can be mixed into soil to make it more nutrient-rich. It can improve soil for your house plants or garden.

Compost is more than just leftovers from your plate — it includes things you wouldn’t eat, like pizza boxes, coffee grounds and eggshells. You might see those things as trash, but as the saying goes, one person’s trash is another person’s treasure.

“We use and we waste a lot of stuff,” says Alex Truelove, director of ZeroWaste. “So much of what we throw out is compostable, but we compost almost nothing.”

While people have saved a lot of packaging from landfills by recycling it, the same can’t be said for compostable food waste. For most people, composting isn’t as easy as putting something in a differently colored bin. So compostable waste often ends up in the trash. Only a tiny fraction of local governments have curbside composting pick-up, so chances are you will have to figure out a system for yourself.

According to the U.S. Environmental Protection Agency, a successful compost needs three basic ingredients: browns, greens and water.

◆ GREENS: These are your basic food scraps. It’s the parts of vegetables that you cut away. It’s your apple cores and banana peels. The greens are the fuel of your compost pile.

◆ BROWNS: These are most commonly found in a yard. Browns are dead leaves, branches and twigs. They bulk up your pile and you need as much of these as the greens.

◆ WATER: Think of compost as a living thing. It needs water to survive. Your compost shouldn’t be a soggy slop, but it shouldn’t be dry either. Putting in wet ingredients can help.

Once you have the ingredients, how do you use them? There are a few ways you can combine them to make compost.

“If you have the space, just start a big pile,” Truelove says.

It can be that easy. Find some spare ground, lay down some twigs and grass clippings and then you can start building up with equal parts green and brown fuel. Never include meat or animal bones, because that will attract unwanted attention from local wildlife. Cover it with a tarp to trap the moisture and promote healthy decay. You can also purchase or build an outdoor compost bin.

And while you don’t necessarily have to get knee deep into the science of composting, you will want to make sure you continue to balance the greens, the browns and the water.

“I don’t know about you, but I’m a big coffee drinker and if I wasn’t careful, my compost would be overwhelmed by coffee grounds and far too acidic to actually be usable,” Truelove says.

Likewise, a pile of wet cardboard isn’t going to give good results, so make sure that you mix it up. If you want to get more involved, you can find a lot of detailed resources online that can teach you how to get the most from your compost.

And if you don’t have outdoor space to spare, there are ways you can compost in your home. Start by getting a ceramic container that you can set on your kitchen counter and add scraps to as you cook and eat.

Once it’s full, you can move it to your outdoor compost pile or take it to a community collection site. In some areas, businesses will pick up your compostable waste and bring you back the final product for use in your plants, gardens and yard.

Composting is also really good for the environment. When food scraps and other compostable waste go to a landfill, they don’t get the oxygen they need to break down properly. Instead, they get trapped and then release methane into the air. So by making compost, you’re doing a double good deed!