Meat packers, retail workers sickened

Essential workers facing higher risks during COVID-19 outbreak

COORDINATED WORK against COVID-19 between health officials in northern Utah and a local meatpacking plant began in early March — before any confirmed cases in the area. By the end of May, at least 287 of the plant’s employees had been infected.

“But we believe the actual number of cases linked to the facility is likely higher,” Josh Greer, public information officer at Bear River Health Department in Logan, Utah, told The Nation’s Health in June. “Trying to trace each case is becoming less and less realistic.”

Employees work on pork at a meat processing facility in St. Joseph, Missouri, in 2017. As of June, nearly 28,000 COVID-19 cases and 100 deaths were tied to U.S. meatpacking plants.

Photo courtesy USDA/Alamy

Care threatened

Oral health working to protect staff, patients from pandemic

DENTISTRY IS a messy job. From scraping plaque to removing cavities, procedures send saliva, contaminated water and bacteria from patient mouths into the air. And during the COVID-19 pandemic, those routine practices make dentistry an increasingly high-risk occupation.

“A lot of discussion has focused on chokeholds, body cameras and internal investigations, other methods with proven results use more of a public health approach. Such measures include reducing police contact at schools and on streets to avoid confrontations and shifting funds from law enforcement to community-based programs such as employment initiatives and affordable housing. Decriminalizing low-level offenses, such as marijuana possession and loitering, while offering social services as alternatives to arrest, is also beneficial. These approaches and...
APHA to Supreme Court: Protect ACA

The Affordable Care Act has provided affordable health coverage for millions of Americans and improved public health. But the law will be tested this fall when its constitutionality is considered by the U.S. Supreme Court in California v. Texas. In a May friend-of-the-court brief, APHA and partners urged justices to maintain the law, citing its importance to U.S. public health. The ACA has positively transformed health care in America by expanding the Medicaid program to more low-income people, creating affordable individual insurance exchanges with comprehensive coverage and guaranteeing coverage for people with preexisting conditions, among many other benefits.

The ACA went into effect in 2010 with a mandate requiring most people to have health coverage or pay a fine. But in 2017, a tax law passed by Congress zeroed out the penalty. Plaintiffs said it is unconstitutional for the ACA to have no penalty and therefore it should be dismantled, an argument health advocates reject. “A decision to strike down the entire law would have massive disastrous effects, not only throughout the health care system, but for public health and the broader national economy,” said Lynn Goldman, MD, MS, MPH, dean of the George Washington University Milken Institute School of Public Health in a news release.

APHA lauds decision on LGBTQ rights

The Supreme Court ruling on June 15 confirming employees cannot be discriminated against because of their sexual orientation or gender identity is a welcome victory for both public health and the rights of LGBTQ Americans, APHA said in a June statement.

In the landmark ruling, the justices ruled that the Civil Rights Act of 1964 extends protections to LGBTQ workers, including people who are transgender. “Discrimination against people based on their sexual orientation or gender identity is abhorrent in all aspects of society, including employment and health care,” said APHA Executive Director Georges Benjamin, MD, in a statement. “We welcome this progress in the fight for equality and health equity.”

APHA called on policymakers to take further steps to protect the health and well-being of people who are transgender in light of a June 12 rule from the U.S. Department of Health and Human Services. The rule, which purports to roll back protections for transgender workers under the Affordable Care Act and other federal laws, would result in the loss of protections that save lives and prevent harm to transgender people.

The new Healthy Voting Guides, which are aimed at the general public, can be shared by leaders in their states and communities.
VITAL SIGNS
Perspectives of the president of APHA

APHA-affiliated public health associations: Go far, together

Are you a member of both APHA and your affiliated state and regional public health association? The answer isn’t always “yes.” But being involved in each organization is critically important.

The disciplinary expertise of APHA member groups and the networking networks of Affiliate members form the foundation of the science-based policy and action that sets APHA apart as a leader in public health advocacy.

I see four important reasons to join and be active in your APHA Affiliate.

First, regardless of the focus of our work — local, national, international — we all live locally, and we benefit from the advocacy of our Affiliates. Engagement with your Affiliate gives you the chance to work with local experts on issues that impact your own community.

As we have seen during the COVID-19 pandemic and the broader public health crisis of institutional racism, not all communities have the same experience. Local public health leaders and advocates can best represent the concerns of their own communities in developing policy to meet these challenges.

Second, Affiliates provide fertile opportunities for leadership, networking and scientific presentation. I got my start in my Affiliate — the one within APHA — when my mentor asked me if I was ready to get involved. For many people, especially students and early-career professionals, participation in an Affiliate can be an excellent path to becoming a leader within APHA and the greater public health field.

Third, that same mentor taught me it’s important to give back to our profession. Service and mentorship within your Affiliate fosters development of the next generation of public health professionals.

Finally, APHA can be a stronger and more effective advocate nationally when our collective voice represents the full diversity of experiences, including strong local representation. One of my favorite mantras in public health is “To go fast, go alone. To go far, go together.”

How do we build those bridges and connections that lead to more APHA members joining their state and regional public health associations and more Affiliate members joining APHA?

By engaging Affiliate members into developing APHA policy statements that reflect multiple local concerns and sharing national members’ expertise at the local level within their Affiliates. This is the continuum of public health engagement.

A key role for Affiliates is to translate our best public health science into understandable recommendations for our communities and local officials. We know that the average member of the public — or legislator — may not understand public health as a discipline, but they understand a desire for clean food and water, and for healthy and safe places for their children to play. They want and need what public health provides.

Ultimately, strong Affiliates — united with strong APHA member groups — will strengthen our collective voice for social justice and public health. This is our greatest strength.

Get information on joining your Affiliate now at bit.ly/aphaaffiliates.

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

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

Efforts to change orientation harmful

Programs that attempt to change people’s sexual orientation can dramatically increase their suicide risk, a study in the July issue of APHA’s American Journal of Public Health finds.

Researchers examined data from a 2016-2018 national survey of over 1,500 people ages 18 to 59 who identify as gay, lesbian, bisexual or another non-heterosexual identity. Seven percent had experienced sexual orientation change efforts, with 80% reporting it was under the auspices of a religious group.

After adjusting for demographics and adverse childhood experiences, researchers found that participants were twice as likely to think about suicide over their lifetime than people with the same sexual preferences but who had never experienced sexual orientation change efforts. They were also 88% more likely to attempt suicide.

Because of their known harm, more than a dozen states have laws that ban subjecting minors to sexual orientation change efforts, which are also condemned by the American Psychological Association and others.

Sugary drink taxes can be levied quickly

Sugary beverage excise taxes enacted in San Francisco and Oakland, California, resulted in a 1-cent increase per fluid ounce in both cities, a study in July’s AJPH finds.

Other U.S. cities that have increased excise taxes on sugary drinks have shown a drop in purchases and consumption. Overconsumption of the beverages places people at risk for obesity, Type 2 diabetes, heart disease and other chronic conditions.

A few years ago, Oakland and San Francisco passed ordinances that imposed excise taxes on sugary drinks, such as soda, energy drinks and fruit-flavored beverages.

Researchers gathered prices of the beverages at stores and after the tax increase. They found that prices in Oakland and San Francisco increased by about 15% within four to 10 months of implementation of the ordinances.

The increase could translate into fewer sales, resulting in over $50 million in health care costs over the next decade in the cities, according to modeling research.

Medical exemptions for vaccines increase

Medical exemptions for kindergartners’ vaccinations have increased in California as a workaround to the state’s law ending vaccine exemptions for personal beliefs, a study in AJPH’s July issue finds.

In response to growing outbreaks of measles and other vaccine-preventable diseases, California eliminated nonmedical vaccine exemptions in 2015. But in regions where the exemptions had proliferated before the measure took effect, there was a rise in medical exemptions, according to researchers.

Medical exemptions are granted for ailments such as congenital conditions and rare allergic reactions. It is unlikely that those chronic ailments would spring up en masse in communities that formerly had clusters of nonmedical vaccine exemptions for personal beliefs, the researchers said.

In those regions between 2015 and 2018, medical exemptions increased at public schools from 0.2% to 1%. In private and charter schools, medical exemptions increased from 0.4% to 5.3% and 0.3% to 5%, respectively.

The regional clusters of medical exemptions in California creates an elevated risk of vaccine-preventable diseases, researchers said.

Georgia law hinders abortion access

A Georgia law prohibiting abortions after 22 weeks of gestational age has blocked women from receiving needed abortion services in the state, a study in July’s AJPH finds.

Researchers examined pregnancy data from the Georgia Department of Health between 2007 and 2017. They compared abortion data before and after enactment in 2012 of a state law banning abortions at 22 or more weeks, with some exceptions such as preserving the pregnant woman’s life or having a serious medical impairment.

Abortions declined dramatically, especially after 2015 when the policy went into full effect.

“Policy has strong potential to worsen the already-existing reproductive health disparities by income, age and race/ethnicity in the Southeastern region,” the researchers said.

— Mark Barna

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

 Helpful information and resources

Nutrition tips from the Academy of Nutrition and Dietetics

People who eat a high-fiber diet, eat five or more servings of fruits and vegetables each day and consume fat-free or low-fat dairy products have lower total and low-density lipoprotein cholesterol levels, a study in the July issue of the Journal of the Academy of Nutrition and Dietetics finds.

To view this study online, visit www.jand.journals.org.

Food patterns in health and disease are provided by ASPO, the Academy of Nutrition and Dietetics.

Photo by FabrikaCr, courtesy iStockphoto

Get information on join

ing your Affiliate now at bit.ly/aphaaffiliates. •

Mike Mangan

Editor, AJPH

Sugary-drink prices in Oakland and San Francisco increased by about 15% within four to 10 months of implementation of a beverage excise tax, according to a study in July’s AJPH.
APHA IN BRIEF

APHA compiles COVID-19 guidance

People looking for the latest, evidence-based information on COVID-19 can find it in one place, thanks to a new APHA compilation.

Launched in June, COVIDGuidance.org shares up-to-date, science-based information from credible sources. Topics include guidance on reopening, safety tips and tools, and recommendations for safe voting and returning to school.

“As the nation works to limit the spread of COVID-19, it’s critically important that decisions are guided by science and sound public health recommendations,” APHA Executive Director Georges Benjamin, MD, told The Nation’s Health.

The compilation of resources is designed to help communities, individuals and policymakers make informed decisions about COVID-19 safety. The resource organizes rapidly updated guidance and recommendations from trusted sources including the Centers for Disease Control and Prevention, World Health Organization and Johns Hopkins University.

A Spanish-language version of the page — with links to resources in Spanish — is underway.

Access and bookmark the resource at www.covidguidance.org.

Energy justice fact sheets available

APHA’s Center for Climate, Health and Equity released a pair of fact sheets focusing on energy justice in June.

“Energy Justice and Climate Change: Key Concepts for Public Health” provides an overview of energy justice and how it relates to public health.

“How Public Health Professionals can advance an Energy Just Future” explores the role of public health in the energy economy.

“Adaptation and mitigation go hand in hand when it comes to climate solutions,” Surili Patel, MS, director of the center, told The Nation’s Health. “We are excited to further the climate and health equity discourse by diving into the energy justice conversation with members.”

The center held an energy justice roundtable at APHA’s 2019 Annual Meeting and Expo in Philadelphia to engage Association members on the topic. The fact sheets are a product of those sessions, during which members said they wanted to make energy justice a priority but felt they needed more resources to make educated decisions.

The fact sheets were reviewed by Partnership for Southern Equity, an advocacy organization that prioritizes energy justice, for insights.

To access the fact sheets, visit www.apha.org/climate.

APHA dual disaster guide now available

Given that the COVID-19 pandemic is an ongoing public health emergency, communities will need to learn to adapt their disaster readiness plans for co-occurring disasters.

To help communities get ready, APHA and the American Flood Coalition partnered to release “A Dual Disaster Handbook: Six Recommendations for Local Leaders Responding to Floods During COVID-19” in May. The resource, available for free online, offers tips for local leaders to use in creating increasingly complex response and recovery plans.

“These resources are a critical first step toward building immediate climate resilience and enhancing dual disaster preparedness,” Rachel McMonagle, APHA’s climate change program manager, told the Association’s Public Health Newswire.

Safety protocols during a natural disaster, such as a flood, can be complicated during the pandemic, as the physical dangers can require people to leave their homes. Emergency response resources are already overwhelmed by months of the pandemic.

“Unfortunately, the populations least resilient to natural disasters are also the ones being hit hardest by COVID-19,” he said.

To download the manual, visit bit.ly/PandemicFloodGuide.

New tool facilitates COVID-19 discussions

A new APHA forum where members can share information and learn from one another during the COVID-19 pandemic was launched in June.

The discussion forum is on APHA Connect, the organization’s online networking platform, and is open to all APHA members. Expert volunteers serve as moderators, responding to questions and facilitating collaborative discussions.

“This is an opportunity for members to engage in a safe space by sharing your questions, ideas, research, observations and best practices in the midst of this pandemic,” Paulina Sosa, DrPH, MPH, assistant editor of the American Journal of Public Health and a moderator of the forum, said in a message to forum participants.

Already in the forum, members have discussed news on the pandemic, concerns about health disparities and the precarious role politics has placed public health professionals in while trying to keep the public safe.

To join the conversation, visit connect.apha.org.

Racism declarations gain momentum

As recognition grows on the health harms of racism, an increasing number of states, cities and counties are naming racism a public health crisis.

To build on that momentum, APHA has gathered those declarations in one place online.

The new resource, which started as an internal document, is now available for public health professionals and the public to use to leverage their local officials to make similar declarations. As of the tracker’s launch in June, 40 statements had been recorded. So far, Wisconsin has the only statewide declaration, which followed a 2018 resolution from the Wisconsin Public Health Association.

“Formally calling racism a public health emergency is an important first step in the movement to advance racial equity and justice,” Tia Taylor Williams, MPH, director of APHA’s Center for Public Health Policy and Center for School, Health and Education, told The Nation’s Health.

APHA will continue to add more declarations to the list as they become known. To view the tracker and share declarations to be added to the list, visit bit.ly/Racisms.

Declarations.

— Aaron Warnick

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Photo by Michele Lati

APHA will continue to add more declarations to the list as they become known. To view the tracker and share declarations to be added to the list, visit bit.ly/Racisms Declarations.
The premier public health event of the year has gone virtual. APHA’s 2020 Annual Meeting and Expo will deliver the latest information and learning opportunities straight to you, wherever you are!

Hosting the Annual Meeting and Expo entirely online will allow more people than ever to access the event, which will be held Oct. 24-28. APHA 2020 will feature more than 700 high-quality, science-based learning opportunities and presentations. Plus, you get a year of on-demand access, allowing you to revisit important presentations.

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apha.org/meeting-registration
Rooting out systemic racism in America: Q&A with Gilbert on social change, health determinants

Keon Gilbert, DrPH, MPA, MA, is an associate professor in behavioral science and health education at Saint Louis University’s College for Public Health and Justice, and co-editor of “Racism: Science & Tools for the Public Health Professional,” published by APHA Press.

The death of George Floyd at the hands of Minneapolis police officers in May sparked a wave of protests around the nation as well as calls for police reform and interventions to root out systemic racism. Gilbert talks about social change and racism in America.

Why have these protests become a national movement across the U.S.?

I think it has something to do with people being exposed to the data that has been presented around COVID-19, of the health disparities between Blacks and whites. I also think that the death of Ahmaud Arbery really started to uncover this idea that Black people and Black communities are hyper-surveilled. Then you have the killing of Breonna Taylor and of George Floyd.

Also, a lot of people have been at home and news of the killings have not been washed away by other news.

And I think in some ways this is also a counter-protest, or counter-movement, to when we saw a lot of people protesting at state capital buildings about the reopening of sites, because people said that they wanted to get back to work.

Where does systemic racism cut the deepest in America?

It’s really hard to say. And the reason why I say that is because it’s embedded in so many systems that work together to produce systemic racism. I am reminded of a quote from the writer Audre Lorde: “There is no such thing as a single-issue struggle, because we do not live single-issue lives.”

We can do an analysis, an antitrust analysis, for example, within institutions, but it’s very difficult to do that unless you start to look at the overlap or the interconnectedness between one institution and another.

You have to be able to look across systems. And that’s the difficulty of unpacking systemic racism.

How does systemic racism impact the health of Blacks?

We see the onset of the impact or the effect of racism maybe more easily or more readily in physical health, such as in high blood pressure or blood sugar.

Also, there’s a lot of work that’s been done to try to understand not only chronic stress, but also coping mechanisms in terms of how people manage their daily stressors. We do things sometimes to address our mental health that might affect our physical health at a later date.

How can public health workers better take on these issues?

They are doing incredible work, and they’re doing very difficult work, but they don’t always have the resources, the time or the leadership that address the systemic issues.

And so we really need to think about what resources are available to these agencies and to these organizations, so that people can address the social determinants of health in a way that allows us to actually see decline in chronic diseases, whether they be physical health or mental health. I think that’s where a lot of public health practitioners kind of find themselves.

That might allow them to identify interventions or practice-based solutions that they weren’t able to before.

Studies show that many Black men have no primary care physician.

How do we involve Black men in the health care system?

Schools start to push Black males out, or show a disregard for them, at a very early age, and then that carries over into adulthood. That suggests to them that schools are not places that care about them, that are concerned about them, that trust them, that respect them. And as a result, they then start to disengage from schools. That carries over into health care.

Also, we can factor in medical distrust, experiences of discrimination and racism, and not even back to the idea of people feeling that they are being surveilled or being policed.

In addition, some of it is related to the types of work that Black men have. One of the primary ways that people get access to health care is through their employer. And so if you don’t have full-time employment, or have an employer that’s offering health care, then you don’t have health care. The Affordable Care Act has helped some of that.

What needs to happen to build on the momentum for social change begun this spring?

We have been relegated to this idea that it’s OK just to document the existence of disparities and inequities. And it’s OK just to document and articulate only causal factors. But we’ve not made significant investments in interventions and structural changes. And studies have also shown that the investment in interventions and structural changes actually have the greatest benefit.

President Trump signed an executive order on police reform in June.

What are your thoughts on the order?

That executive order provides some opportunity for data collection about police excessive use of force and killings, but does not mandate these data be collected. The database allows for tracking of officers who use excessive force and who are reprimanded for misconduct. The executive order does not ban all excessive force tactics.

New York Gov. Andrew Cuomo has taken this idea several steps further and has also written into legislation that false 911 calls that speak to racial profiling or racial bias are no longer allowed.

The order starts to touch the surface of some of the broader changes that a lot of people have been asking for, in terms of police reform, in terms of national tracking, a broader understanding of what happens with police when they commit these types of offenses. But it really does it in a very odd and strange way, in terms of trying to provide incentives for police agencies.

It’s not just about bad apples. It’s about cops coming from rotten trees. We should think about the root causes of bad policing behaviors.

What do we need in a long-term strategy for health equity?

One of the things I appreciate about the work of several large nonprofits and foundations is that they’ve taken a different approach in thinking about investing in generational change, recognizing that we can’t fix this problem in a five-year grant, a three-year grant or a two-year grant.

We might need a strategy that looks at this for the next 20 to 30 years. How can we invest now so that in 20 to 30 years we can see a difference, and not just a marginal difference?

One of the challenges that I have as a public health professional, and teaching public health to our MPH students at Saint Louis University, is recognizing that statistics and patterns and trends have not really changed much over time.

That might mean we’re not doing enough in prevention efforts. And not just the prevention efforts in terms of saying you need to get a flu shot, or you need to eat healthier and exercise more. We must also acknowledge social determinants, for example, having a housing problem or education problem in a city.

We get caught up in only addressing the downstream and not the upstream — the root causes of the problems.

— Interview conducted, edited and condensed by Mark Barna

To provide an in-depth look at racism as a driving force of social determinants of health and equity, APHA is hosting a new Advancing Racial Equity webinar series. Watch recent webinars and register for upcoming broadcasts at www.apha.org/racial-equity.

Photo by Susan Polan, courtesy APHA

Following George Floyd’s death in Minneapolis on May 25, protesters took to the streets in Washington, DC, and other cities in the U.S., calling for defunding police departments and an end to racism. Gilbert says the U.S. must invest now in a long-term strategy to bring about lasting change.

Long-term strategy needed to address race, health inequities

Gilbert
How to vote safely during COVID-19

Check out our guides for all 50 states

HealthyVoting.org
Bender, Hallam face off in race to become APHA's next president

APHA'S NOMINATIONS Committee has announced this year's election slate. Voting for APHA's president-elect, honorary vice presidents, Executive Board and speaker of the Governing Council will be held this fall during APHA's 2020 Annual Meeting and Expo. In the presidential race, Kaye Bender, PhD, RN, FAAN, is running against Jeffrey Hallam, PhD, FRSPH.

Bender is executive director of the Mississippi Public Health Association. She serves on the board of directors of the Public Health Foundation, Mississippi Public Health Institute and National Board of Public Health Examiners. Within APHA, Bender has served in numerous positions, including work as chair of the Public Health Nursing Section, chair of the Education Board and member of the Governing Council.

Jeffrey Hallam is a professor and associate dean for research and graduate studies within Kent State University's College of Public Health. He previously held academic and leadership positions at the University of Mississippi, Baylor University and the Ohio State University. Hallam has served in many positions within APHA including work as a member of the Executive Board, chair of the Public Health Education and Health Promotion Section and member of the Governing Council.

The winner of the presidential race will serve one year as president-elect before assuming the presidency at the close of the 2021 Annual Meeting.

In the Executive Board race, the six candidates running for the three open positions are:

- E. Oscar Alleyne, DrPH, MPH, chief program and services officer at the National Association of County and City Health Officials;
- Eldonna Chestnut, MSN, RN, division director of the Johnson County, Missouri, Department of Health and Environment;
- Anthony Santella, DrPH, MPH, associate professor of public health within Hofstra University's School of Health Professions and Human Service;  
- Kathy Lituri, MPH, RDH, clinical instructor and oral health promotion director at Boston University's Henry M. Goldman School of Dental Medicine;
- Nandi Marshall, DrPH, MPH, CHES, associate professor of public health at Georgia Southern University's Jannetty Hsu College of Public Health; and
- David Reyes, MN, MPH, RN, BHNA-BC, associate professor at the University of Washington's Tacoma School of Nursing and Health Care Leadership.

APHA's speaker of the Governing Council position is also up for a vote this year. M. Aaron Guest, PhD, MPH, MSW, assistant professor of aging at Arizona State University's Center for Innovation in Healthy and Resilient Aging within the Edson College of Nursing and Health Innovation; is running against Karen Valenzuela, MPA, MA, an independent writer and consultant.

Three candidates are running unopposed for APHA's honorary vice president positions:

- Victor Drauz, MD, president of the National Academy of Medicine, has been nominated as vice president for the U.S.;
- Richard Musto, MD, FRCP, chair of the Canadian Public Health Association, has been nominated as vice president for Canada; and
- Mary Lou Valdez, MS, deputy director of the Pan American Health Organization, has been nominated as vice president for Latin America and the Caribbean.

Governing Council members will vote on the candidates during APHA 2020. For more, visit www.apha.org/candidates.

Bender, Hallam face off in race to become APHA’s next president

APHA 2020, Continued from Page 1

and practice, engage with colleagues from around the world, earn continuing education credits and work together for a healthier, more equitable world.

The meeting, which will be held Oct. 24-28, is organized under the theme of “Creating the Healthiest Nation: Preventing Violence,” but will also share the latest science on breaking events, such as the pandemic and the growing movement for racial and social equity for Black Americans.

APHA 2020 participants will be able to present their research and information at oral scientific sessions, which will include live Q&As. Also going virtual are the meeting’s poster sessions, networking events, social events, award ceremonies and the APHA Public Health Film Festival.

The full APHA 2020 program is available online now with a guide to all of the meeting’s events.

Registration for APHA 2020 — which is now open — comes with access to all of the meeting’s more than 700 scientific sessions, both during their live presentation and on demand after the meeting is over. Attendees can view the sessions as many times as they would like during or after the Annual Meeting.

“Usually at an Annual Meeting, attendees have to pick and choose which sessions to attend, but this year, they can take in hundreds of scientific sessions at their own pace,” said Anna Keller, APHA’s director of convention services. “Moving the world’s largest public health gathering online is a big undertaking, but considering the health challenges we face, it’s also an incredible opportunity.”

While general abstract submission for the meeting is closed, several APHA member groups are accepting abstracts for late-breaking sessions on pressing public health issues. Calls for submission focus on the ways COVID-19 is impacting women and girls, how the pandemic is affecting access to abortion services, the intersection between HIV/AIDS and racism, and more.

The Public Health Expo and its hundreds of exhibitor booths will also be online. During the meeting, attendees can virtually visit booths representing a wide range of public health organizations and vendors, including schools of public health, publishers, nonprofits, advocacy groups, health agencies and APHA’s member groups.

At the center of the expo will be Everything APHA, where APHA 2020 attendees can buy APHA books, purchase a souvenir T-shirt and learn more about APHA’s work to support public health. Like every Annual Meeting, APHA 2020 is offering continuing education credits for participation. Continuing education credits are also available via a series of half-, full- and two-day APHA Learning Institutes on Oct. 24 and 25.

Meeting attendees can give back by donating to APHA’s annual Help Us Help Them campaign, which benefits a local organization in San Francisco, which would have been the physical site of the meeting. The year’s recipient is the Robby Poblete Foundation, a gun violence prevention nonprofit based in Vallejo, California, that organizes gun buybacks. The group uses materials from the collected guns to create art that tells the stories of lives lost to gun violence.

“Preventing violence requires national leadership, and APHA will play a significant role as we work toward this goal,” APHA Executive Director Georges Benjamin, MD, told The Nation’s Health. “We must intensify our advocacy to make social justice a reality. This fall is our opportunity to come together to change our world for the better.”

The early-bird deadline for APHA 2020 Virtual is Aug. 27. Register now at www.apha.org/annual meeting.

— Kim Krisberg

Oral scientific sessions during APHA 2020 will include live Q&As, allowing participants to interact and connect.

Photo by Fladendron, courtesy iStockphoto

PHOTOGRAPHY

APHA 2020, VIRTUAL ANNUAL MEETING & EXPO

Excitement builds for virtual APHA meeting

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APHA 2020, Continued from Page 1

APHA 2020, Continued from Page 1
Climate change, aging infrastructure raise risk for more US dam failures

I
n central Michigan this spring, the collapse of the Edenville Dam caused thousands of structural losses and the evacuation of over 10,000 residents in three communities. Dam breaches are dangerous events with major public health and safety consequences. And they are happening more frequently in the U.S., with several massive breaks in recent years.

Climate change, aging infrastructure and insufficient funds for safety inspections and repairs are elevating the risk that dams will fail, according to Lori Spragens, executive director of the Association for State Dam Safety Officials.

“Besides a nuclear facility, if things go wrong with a dam, they can harm more people and environment than almost any other type of infrastructure (failure),” Spragens told The Nation’s Health.

In 2019, the Spencer Dam in Nebraska burst, washing away dozens of town structures and killing one person. Two years earlier, in February 2017, spillways of the Oroville Dam, the tallest dam in the U.S., were compromised, resulting in the evacuation of 180,000 people in communities in Butte County, California. In 2015 and 2016, over 80 dams broke in the Carolinas during extreme rain events. The U.S. has over 91,000 dams, three-quarters of which are considered high hazard, meaning a breach would flood populated areas and possibly result in deaths, according to the National Inventory of Dams database maintained by the U.S. Army Corps of Engineers. Of those structures, about 2,000 have been identified by safety officials as in poor or unsatisfactory condition.

Many U.S. dams were built to generate electricity in the mid 20th century, meaning their designs and infrastructure are ill-equipped to handle today’s extreme weather. Edenville Dam was nearly a century old.

A lot of dams are also unprofitable, so dam owners have little incentive and sometimes lack the funds to maintain them, Spragens said. Adding to the problem, state inspection offices are typically underfunded and overworked. Michigan has only two state regulators responsible for inspecting over 1,000 dams. And most dams are privately owned, adding layers of bureaucracy to the regulatory process.

For over a decade, Boyce Hydro, owner of the Edenville Dam, failed to comply with state and federal inspectors to do upgrades. The company claimed repairs would cost $8 million, money it did not have. According to a state report, the breach was due to inefficient spillways that could not handle overflow from the “historic rainfall and flooding.”

Edenville Dam had an emergency action plan in place, using fire departments and police to help residents evacuate after the May 19 break. It worked well, resulting in no deaths or injuries. Still, many owners had no idea their homes or businesses were in a dam flood zone, said Brian Graber, MS, senior director of American Rivers, a national environmental group that advises on dam issues.

Federal law requires high-hazard dams to have an emergency action plan, but 20% of them do not have one, according to the Army corps.

Georgia has more high-hazard dams in poor condition than any other state — nearly 200, according to a recent analysis by the Associated Press. One of them is Reservoir No. 1 in Atlanta, with infrastructure dating to the 19th century. Its emergency action plan states that a breach could flood 1,000 homes and dozens of businesses.

Despite the known risks, in February the Georgia Senate approved easing restrictions on building homes in the inundation zone of state high-hazard dams without raising dam safety standards. Emergency action plans would no longer be required under the bill, which safety advocates oppose.

Lawmakers “want to protect these dam owners from increased cost, increased liability,” Graber told The Nation’s Health. “It completely ignores the people living downstream.”

Graber said that many dangerous, high-hazard dams have outlived their purpose, even as their presence harms river wildlife and creates public safety concerns.

“The most cost-effective and permanent way to deal with those dams is to remove them,” he said.

For more on U.S. dams, visit www.damsafety.org.

— Mark Barna

Report: Despite some improvement, California cities still have worst air

Nearly half of people in the U.S. consistently breathe air that is potentially unhealthy for them, according to the American Lung Association’s annual “State of the Air” report.

Released in April, the report found that more U.S. cities and metropolitan areas experienced increased levels of pollutants than during the last reporting cycle in 2019. Some regions set new records for air pollution levels since data tracking began.

The California Fresno-Madera-Hanford region and the cities of Bakersfield and Los Angeles were found to have the nation’s highest levels of short-term and year-round particle pollution. Fresno-Madera-Hanford received the distinction despite recording its lowest air pollution levels since the “State of the Air” reports began 21 years ago.

“Far too many people are still breathing unhealthy air,” Harold Wimmer, MS, American Lung Association president and CEO, said in a news release.

Air pollution can cause respiratory illnesses such as asthma, bronchitis, emphysema and even cancer. Some studies suggest people with respiratory illnesses are at higher risk for severe illness from COVID-19.

The report analyzed data collected by the U.S Environmental Protection Agency’s air quality measurement system from 2016-2018. It then ranked cities and metro regions based on their levels of particle and ozone pollution.

Particle pollution refers to particles in the air that come from sources such as wildfires, diesel engines and coal-fired power plants. Ozone pollution, or smog, forms when auto, power plants and other emissions reach a certain saturation point in the air. Fresno-Madera-Hanford and Bakersfield had the highest levels of particle pollution, while Los Angeles had the highest level of ozone pollution, the report found.

At the other end of the report’s rankings, the cities with the cleanest air in the U.S. were Bangor, Maine; Burlington-South Burlington-Wilmington, Vermont; Honolulu, Hawaii; and Wilmington, North Carolina

Data for the report were collected from three of the five hottest years ever recorded. Report authors said that it is not a coincidence the data show some of the highest levels of air pollutants as well.

“Climate change clearly drives the conditions that increase these pollutants,” the report said. “The nation must do more to address climate change and to protect communities from these growing risks to public health.”

For more information on the report and to view air quality data by state, county and metropolitan area, visit www.lung.org/sota.

— Sophie Walszowski

In pre-pandemic times, people gather together in Burlington, Vermont, which has one of the cleanest air in the country, says a recent report from the American Lung Association.
COVID-19 presenting challenges for many American Indian communities

Tribal communities have long struggled with disparities in health and services, from higher rates of mental illness to less access to health care. The coronavirus pandemic is exacerbating those gaps, leaving American Indian communities struggling to contain the virus and its impacts.

“Higher rates of depression, higher rates of (PTSD), higher rates of substance abuse and higher rates of suicide—that is the baseline,” said APHA member Donald Warne, MD, MPH, associate dean for diversity, equity and inclusion at the University of North Dakota. “That’s where we are as the baseline. Then throw on top of it a pandemic.”

Warne’s comments came during a May media briefing hosted online by the Robert Wood Johnson Foundation that was organized to highlight the health and economic impacts of COVID-19 on American Indians. Such communities have experienced some of the highest per capita COVID-19 rates in the nation.

As of June 22, the Indian Health Service reported 17,700 positive cases of coronavirus among people at IHS, tribal and urban Indian facilities, almost 8,000 of which were in the Navajo Nation, which is located in Arizona, New Mexico and Utah.

COVID-19 is straining an already-frayed health system and further threatening the health of American Indians, Warne said. For example, despite already high rates of mental illness among American Indians and Alaska Natives and the added stress of COVID-19, mental health services remain scarce in many tribal communities, with no community mental health centers located on reservations. Such gaps extend to medical care as well, with many tribal communities lacking the hospital resources needed to fight COVID-19, such as ventilators and intensive care units, if they have a hospital at all, Warne said.

While American Indians and Alaska Natives have a legal right to care via the Indian Health Service, he noted that IHS lacks the funds to fully meet the needs of its communities.

Tribal communities also face a number of inequities that make COVID-19 control and prevention even more difficult. For example, he said, inadequate housing makes isolation and quarantine particularly impractical for some families, while limited public health capacity makes disease control especially challenging.

“In truth, I hope we don’t get back to normal, because normal wasn’t good enough for Indigenous peoples,” he said. “We need to get back to better.”

For resources, visit the National Indian Health Board’s COVID-19 Tribal Resource Center at www.nihb.org/covid-19.

— Sophie Wazlowski

A version of this story was published on APHA’s Public Health Newswire.
NATION IN BRIEF

Pandemic restrictions saved 60 million

Pandemic restrictions likely prevented 60 million coronavirus infections in the U.S. alone, a new study finds.

In a study published in June in *Nature*, researchers examined data on about 1,700 local, regional and national nonpharmaceutical interventions deployed to slow the COVID-19 pandemic in China, South Korea, Italy, Iran, France and the U.S. Such interventions included travel restrictions, quarantines, stay-at-home orders, and ensuring physical distancing through closing down offices, businesses and schools.

The study found that across the six countries, interventions prevented or delayed up to 62 million confirmed cases, which corresponds to averting about 530 million total infections.

Without interventions, there would have been about 37 million more cumulative confirmed cases in China. 11.5 million more confirmed cases in South Korea. 2.1 million more in Italy. 5 million more in Iran and 1.4 million more confirmed cases in France.

In the U.S., the absence of such interventions would have led to 4.8 million more confirmed cases of COVID-19, which would have translated to 60 million more infections.

“Because infection rates in the countries we study would have initially followed rapid exponential growth had no policies been applied, our results suggest that these policies have provided large health benefits,” the authors wrote.

Overdoses increase during pandemic

The COVID-19 pandemic is a likely cause behind a recent increase in overdose deaths, finds a new report from the U.S. Office of National Drug Control Policy.

Released in May and based on surveillance data from Overdose Data Mapping Application Program, researchers found that between January and April, fatal overdoses went up more than 11% and nonfatal overdoses increased by more than 18%. Suspected overdoses were up more than 16% compared to the same time period in 2019.

Another report released in May estimated additional “deaths of despair” — deaths due to drugs, alcohol and suicide — would likely grow due to the pandemic. In that report, released by the Well Being Trust and Robert Graham Center for Policy Studies in Family Medicine and Primary Care, researchers estimated 27,600 deaths of despair in a quick recovery with smaller unemployment impacts to up to more than 154,000 additional deaths in a slow economic recovery.

“More Americans could lose their lives to deaths of despair — deaths due to drug, alcohol and suicide — if we do not do something immediately,” the report stated.


Stress, depression rising during virus

In the midst of the pandemic, mental distress is surging among U.S. adults.

In a study published in June in the *Journal of the American Medical Association*, researchers examined data from a Johns Hopkins COVID-19 Civic Life and Public Health Survey of about 1,500 adults. They found that in April 2020, 13.6% of U.S adults reported symptoms of serious psychological distress, compared to about 4% in 2018. Symptoms of such distress were highest among young adults ages 18 to 29, adults with a household income of less than $55,000 per year and Hispanic adults. The lowest prevalence of serious psychological distress was among adults ages 55 years old and older.

In another health tracking poll, released in May by the Kaiser Family Foundation, researchers found that about 4 in 10 U.S. adults say worry or stress related to coronavirus is negatively impacting their mental health, with women more likely than men to report such negative impacts. That poll also found that 48% of adults said they or someone in their household delayed or skipped medical care due to the pandemic, while 3 in 10 adults said they had fallen behind on paying their bills and affording necessities such as food and health coverage.

For more information, visit www.jamanetwork.com or www.kff.org.

Hospitals initiative helps people vote

A new hospital initiative is making it easier for patients to register to vote.

Known as Vote4, first launched in 2019 at Massachusetts General Hospital in Boston, the initiative uses hospital settings, community health centers and providers to help citizens register to vote.

The initiative uses two approaches: a site-based approach and its Healthy Democracy Kit. The site-based approach provides a number of touchless resources free of cost, such as free posters, large display signs, stickers and handouts customized to each setting and community.

The Healthy Democracy Kit — also offered at no cost — gives providers a special badge with a code that patients can scan with their smartphones. The code takes patients to a site where they can register to vote. Vote4 also helps hospitals craft and send out text messages to patients with links to register to vote or request a mail-in ballot.

For more information, visit www.vote4er.org.

Environmental laws waived during virus

A new measure from the Trump administration could put Americans at risk from environmental harms.

In June, President Donald Trump issued an executive order allowing federal agencies to waive a number of environmental laws. The justification, according to the White House, is to address the COVID-19 pandemic’s financial impacts and speed up the nation’s economic recovery.

However, health advocates said the Trump administration is using the pandemic to give polluters a free pass. The order would speed up federal approval for projects such as highways and pipelines, as it would waive environmental reviews required under laws such as the Endangered Species Act.

“These reviews are required by law to protect people from industries that can harm our health and our communities. Getting rid of them will hit those who live closest to polluting facilities and highways the hardest,” said Gina McCarthy, president and CEO of the Natural Resources Defense Council and former administrator of the U.S. Environmental Protection Agency, in a news release.

For the full order, visit www.whitehouse.gov/presidential-actions.

— Kim Krisberg

Study: Paid sick leave effective way to keep virus-infected workers home

PAID SICK LEAVE is likely helping to contain COVID-19 in the U.S., according to a recent study in the *Journal of Human Resources*.

With a number of state and local governments mandating paid sick leave in recent years, the May study examined the impacts of such laws between 2005 and 2018. Researchers found that such mandates were effective in increasing the number of workers with access to paid sick leave coverage, particularly among workers in low-wage industries who were unlikely to receive such coverage from their employers.

Researchers also found that paid sick leave reduces the rate of those working sick, especially among workers who historically lacked access to such a benefit.

Study authors noted that the federal Families First Coronavirus Response Act, which went into effect in April and expanded paid sick leave to some workers, could lead to more workers with COVID-19 staying home from work.

— Kim Krisberg
Healthy People 2020: Local policies can reduce alcohol-related deaths

Laws and policies can reduce alcohol-related deaths and help communities meet Healthy People 2020 goals on substance misuse, a recent report finds.

Around 70% of people in the U.S. report consuming alcohol in the past 12 months, and approximately 90,000 die each year from alcohol-related causes, according to the May report from U.S. Office of Disease Prevention and Health Promotion, which leads Healthy People. Regulations that limit access to alcohol and consumption — such as taxes, zoning restrictions for sales, impaired driving policies, and age limits — can help stem health harms, the report found.

“Laws and policies can help support healthier, safer and more livable communities and reduce the negative effects of alcohol use — including many state-level policy solutions,” the report said.

Healthy People works to improve the health of people in the U.S. by setting 10-year, science-driven health goals with measurable objectives. Healthy People 2020 calls for a 10% reduction in alcohol-related deaths, an objective that was not met.

Healthy People 2030, which will set goals for the next decade, is expected to be released this fall.

The report, “The Role of Law and Policy in Reducing Deaths Attributable to Alcohol to Reach Healthy People’s Substance Abuse Goals in the United States,” is the fourth installment in the Healthy People 2020 series that highlights how laws and policies can improve health throughout the U.S.

Communities are meeting objectives by reducing legal blood alcohol content limits for drivers and developing policies to address teenagers’ use of powdered alcohol, a new and emerging alcohol product. Evidence-based research is also an integral aspect of work to reduce alcohol-related harms.

“Although alcohol policy literature has grown significantly in the past few decades, more research is needed, specifically research to identify the most efficient and effective policy interventions,” the report said.

The report also stressed the importance of taking action at all levels of government to meet Healthy People 2020 substance misuse goals and improve community health.

For more information, visit www.healthypeople.gov.

— Sophie Wazlowski

Half of Americans unprepared for natural disasters, disease outbreaks

People in the U.S. are increasingly concerned about major disasters but are not prepared to face those disasters, a national poll released in June finds.

Sixty-five percent of people think they will be impacted by a major disaster in the next five years, according to Healthcare Ready, a non-profit focused on health preparedness and response that conducted the poll. But half of Americans do not have an emergency plan in place.

Of the almost 1,300 adults that participated in the online National Disaster Preparedness Poll, 19% ranked an emerging infectious disease outbreak as their greatest concern, compared to only 3% of respondents in 2019.

While the COVID-19 pandemic heightened awareness about emerging infectious diseases, 25% of respondents in the 2020 poll reported that their greatest concern was a natural disaster, such as a hurricane, tornado or earthquake.

“These findings show how important it is to have the resources in place to prepare their communities well in advance to be able to respond to several emergencies at once,” Nicolette Louissaint, PhD, executive director of Healthcare Ready, said in a news release. “If the current pandemic has taught us anything, it is that we must be proactive at the local, state, and national level so that we can react to all kinds of emergency situations quickly and efficiently. This poll helps us determine which vulnerable groups we need to support.”

Preparedness levels varied greatly according to the race, ethnicity or income bracket of participants. Black and low-income respondents were less likely to say they kept emergency supplies or a copy of their medical records on hand and stored safely when compared to whites and people who have higher incomes.

The poll also found that only one-quarter of Hispanics were able to list all information related to their medications and medical supplies and that they were the least likely than Blacks and Whites to keep emergency cash on hand.

Being unprepared for a major disaster can seriously impact health, Louissaint said.

“Disasters disproportionately affect the most vulnerable communities, and lack of preparedness further exacerbates adverse health outcomes,” she said. “We must work to fight against these disparities by investing in preparedness initiatives at the community level to ensure communities can face the next disaster.”

For more information on the poll, visit www.healthcareready.org. For disaster preparedness materials, visit www.aphagetready.org.

— Sophie Wazlowski

Preventing Alcohol-Related Problems: Evidence and Community-Based Initiatives

EDITED BY: NORMAN GIESBRECHT AND LINDA M. BOSMA

Alcohol is a major public health issue. According to the World Health Organization (WHO), alcohol consumption is a component cause of more than 200 disease and injury conditions. All of these effects place a substantial burden on population health in terms of death and disability, making alcohol consumption 1 of the 10 leading factors with the most impact on population health. This book, edited by experienced researchers and clinicians in the field, deals with alcohol problems from a public health perspective, with a focus on prevention and approaches that focus on activity within communities.

ISBN: 978-087553-2912, 650 pages, Softbound, 2018

Photo by Fstop123, courtesy Stockphoto
Sixty-five percent of people think they will be impacted by a major disaster in the next five years, according to a new poll. But many do not have an emergency plan in place.
Dive into summer with hot books on public health topics

Summer Reads: Explore this page-turning moment

2020 HAS BEEN A GAME-CHANGING YEAR for U.S. public health, sparking serious conversations about systemic racism, pandemics, mental health and more. Authors have been busy publishing insightful volumes, many of which reflect this historic moment of social change, protests and calls to action. Take a respite from the hot summer sun, find a comfy chair and some shade — and a safe physical distance — and dig into some of these page-turners.

Together: The Healing Power of Human Connection in a Sometimes Lonely World
Vivek Murthy
Humans are social creatures who thrive in bonds with one another. Murthy, MD, MBA, the 19th U.S. surgeon general, says that loneliness has become a public health problem that can harm mental and physical health. Murthy offers ways to connect with family and others and to handle the psychology of loneliness, which is powerful advice during this time of physical distancing and isolation.
2020, Harper Wave, 352 pages

Migrating to Prison: America’s Obsession With Locking Up Migrants
César Cuauhtémoc García Hernández
Each year, America locks up 400,000 immigrants, who wait behind bars for a civil or criminal immigration proceeding. García Hernández chronicles the emergence of immigration imprisonment, which disproportionately involves Hispanics. He also explains how politicians often incorrectly link immigration imprisonment with security risks and threats to law.
2019, English, 224 pages

Death in Mud Lick: A Coal Country Fight Against the Drug Companies That Delivered the Opioid Epidemic
Eric Eyre
Eyre, a Pulitzer Prize-winning reporter, investigates how pharmaceutical companies inundated West Virginia communities with opioids and how some of the communities fought back. Exhaustively researched, the book follows the opioid shipments into individual counties, pharmacies and homes in the state and explains how thousands of Appalachians got hooked on prescription drugs, resulting in the highest overdose rates in the country.
2020, Scribner, 304 pages

Racism: Science & Tools for the Public Health Professional
Chandra Ford, PhD; Derek Griffith, PhD; Marino Bruce, PhD; and Keon Gilbert, DrPH, MPA, MS
Edited by leading social scientists, this best-selling APHA Press book delves into the ways racism affects health and well-being and examines interpersonal and structural racism. Along the way, contributors examine racism’s continuing influence on U.S. institutions and policy, bringing health equity to the forefront of the national discussions on racism and serving as a driver for change. The essays in the book were written by leading researchers and scientists who have studied the topic for years.
2019, APHA Press, 616 pages

Invisible Americans: The Tragic Cost of Child Poverty
Jeff Madrick
One in every six children in America is raised in poverty. Madrick explains how this came to be and why most social services do not get to the root of poverty’s causes. In addition, he explores the devastating effect poverty can have on the mental and physical health of children, and also offers a call to action to combat child poverty in America. Profiles of families caught in poverty’s grip illuminate its realities throughout this gripping volume.
2020, Knopf, 240 pages

Good Talk: A Memoir in Conversations
Mira Jacob
In this graphic memoir, Jacob writes about her 6-year-old son as he grows up in America. Insights are found during the 2016 U.S. presidential campaign as the boy asks questions about race, sexuality and love. The memoir explores American identity and interracial families through the dynamic of Jacob’s own marriage. “Good Talk” is a thought-provoking work on race and family and the challenges of living in America. It was named one of the 10 best books of 2019 and continues to intrigue readers in the U.S. and around the world.
2019, One World, 368 pages

How to Be an Antiracist
Ibram X. Kendi
Racism influences how we treat people of different skin colors as well as how we treat people of different sexes, gender identities and body types. In this New York Times bestseller, which has taken on new resonance in light of current events, Kendi, founding director of the Antiracist Research and Policy Center at American University, explores a range of anti-racist ideas that will help readers understand racism’s consequences and better discern it in social settings and institutions. Racism intersects with class, culture and geography, Kendi says. It is an important volume as American leaders grapple with systemic racism in all corners of society and explore social determinants of health.
2019, One World, 320 pages

Policing the Womb: Invisible Women and the Criminalization of Motherhood
Michele Goodwin
Goodwin documents how U.S. legislators increasingly are criminalizing women for miscarriages and stillbirths and threatening the health of their pregnancies. Among the results are women giving birth while shackled in leg irons, in solitary confinement and in bathrooms. In some states, pregnancy has become a bargaining chip, with prosecutors offering reduced sentences in exchange for women agreeing to be sterilized. Goodwin shows how unrestrained efforts to punish and police women’s reproduction has made the U.S. a dangerous place for pregnant women.
2020, Cambridge University Press, 334 pages

— Mark Barna
Health advocates call for public health approach to ending police violence

Continued from Page 1

more are detailed in APHA’s “Addressing Law Enforcement Violence As a Public Health Issue,” a policy statement formally adopted by APHA in 2018. The statement has become a go-to document for advocates looking to launch or fine-tune interventions.

“This evidence-based APHA statement is the access point for us as public health workers to enter into this work, enter into this movement,” said Omid Bagheri Garakani, MPH, co-author of the statement and a health policy advocate and educator at the University of Washington in Seattle, during a June webinar. “We simply cannot and will never police our way to public health.”

Under the policy statement, APHA supports redirecting funds from policing to programs involved in social determinants of health, including community-led health and violence-reduction strategies. APHA has relied on the statement in its outreach to media, legislators and policymakers. In a June 4 news release condemning police violence, APHA noted the statement “affirms that law enforcement violence is a public health issue. We emphatically restate that perspective and our resolve to address it.”

Divesting in law enforcement and investing in communities is one step toward addressing police violence. According to Robert Rooks, chief executive officer and co-founder of Alliance for Safety and Justice in Los Angeles, that may mean more closely involving social workers and mental health professionals.

“We need to expand the stakeholders who are responsible for safety,” Rooks told The Nation’s Health. “Right now, we are asking law enforcement to be social workers, to be counselors, to be mental health workers. They are too stretched. They are not trained to do all those things. And we are seeing before our eyes that they don’t have the tolerance or patience to do all those things.”

Law enforcement violence is disproportionately aimed at people of color, particularly Black men. About 1 in every 1,000 Black males can expect to be killed by police in their lifetimes, a risk that is 2.5 times higher than that of white males, according to a 2019 study in the Proceedings of the National Academy of Sciences.

Even with recent increased attention, police violence against Black Americans continued in the weeks and months after Floyd’s killing. In June, David McAtee, a Black barbecue owner in Louisville, Kentucky, was shot and killed by those who were dispersing a crowd near his business. And in Atlanta, Rayshard Brooks, a Black man who struggled with police outside a Wendy’s and tried to flee was shot and killed. As those killings made headlines, activists noted that such encounters occur regularly in the U.S., calling for justice for other victims, such as Breonna Taylor, who was killed in March by Louisville police in her home.

Police violence also disproportionately involves people with mental illness. As many as half of all fatal police shootings involve people with untreated severe mental illness, according to the Treatment Advocacy Center. When they or their families call for help, they may be met with violence instead.

To avoid such scenarios, the Pre-Arrest Diversion Initiative in Atlanta was formed in 2013 to partner with law enforcement. When a call comes in to police on an issue not involving a crime, such as a mental health concern, counselors are notified to be with officers to tackle the situation. The initiative works to reduce arrests and incarceration of people suffering from extreme poverty, substance use or psychological challenges.

Since 2017, the program has enabled some 200 people to avoid arrest, jail or police violence by diverting them to social services. “We are building evidence for why police should not be in this business,” initiative Executive Director Moki Macias, MCP, told The Nation’s Health. “Officers tell us that for so many of their calls, they are not the right people for the job.”

In Seattle, advocates are addressing police-led sweeps of areas where people who are homeless live together, an action that can result in violence and arrests. Inspired by APHA’s policy statement, public health practitioners and homeless service providers decried the sweeps in a May 26 letter to city council, saying Seattle is criminalizing homelessness without addressing the underlying causes of why people become homeless.

Allocating funds for safe housing, outreach and mental health services is a better approach.

Reducing contact between police and students is another public health strategy to reduce violence. School districts in Minneapolis, Denver, Portland and Chowchilla, California, have terminated public safety contracts with police departments in the wake of Floyd’s killing. Law enforcement presence at schools has not reduced crime and instead represents a threat to the physical and mental health of students, APHA’s policy statement notes.

In 2011, a police officer contracted by the Oakland Unified School District shot high school student Raheim Brown five times because the 20-year-old carried a screwdriver. That year, Jackie Byers was inspired to start a campaign to end armed law enforcement in the school district.

In June, nearly 10 years later, Byers, now executive director of the Black Organizing Project in Oakland, submitted the George Floyd Resolution to Eliminate the Oakland Schools Police Department to the school board.

The resolution directs the district’s superintendent to reallocate funds previously used for law enforcement toward student support positions, such as school-based social workers, psychologists and restorative justice practitioners. It also supports a community-driven process for creating a revised district safety plan with strategies for student learning, safety and well-being.

Student arrests, many for low-level offenses, place them at risk of not graduating, limiting their higher education choices and reducing lifetime earning potential, Byers told The Nation’s Health.

While hopeful the resolution passes, Byers said her feelings remain mixed about the whirlwind of events this summer—from the social uprising to local, state and federal police reform policies, to her own reflections on Floyd and other Black Americans killed by law enforcement.

“It has been an array of emotions of grief, anger and inspiration,” she said. For more information, see APHA’s policy statement at www.apha.org.

— Mark Barna

A demonstrator kneels in Anaheim, California, during a June protest over the death of George Floyd. APHA’s policy statement calls for a public health approach to address police violence.
Global framework works to improve youth mental health, well-being

A NEW PROGRAM is addressing the top threat to health and well-being among young people around the world — mental illness.

In May, the World Economic Forum and Orygen, a mental health research center in Australia, launched “A Global Framework for Youth Mental Health: Investing in Future Mental Capital for Individuals, Communities and Economies.”

The framework, a coordinated effort to improve youth mental health worldwide, is based on eight main principles: rapid, easy and affordable access to mental health care; youth-specific care; awareness, engagement and integration; early intervention; youth partnership; family, engagement and support; continuous improvement; and prevention.

Such work, organizers said, is even more important in the context of the COVID-19 pandemic.

“The massive efforts of the global community to save as many lives as possible during the pandemic has paradoxically resulted in an immediate and serious decline in mental health and well-being for many of us, while the economic recession that is likely to follow will impact more severely on the lives, security and futures of young people, who already bear the main burden of mental ill-health,” the framework said.

According to the framework, mental illness is the No. 1 threat to the health, well-being and productivity of young people, a new framework says.

In June, the World Health Organization reported that its Global Antimicrobial Resistance and Use Surveillance System, initially launched in 2015, is now aggregating data from more than 64,000 surveillance sites with more than 2 million patients enrolled from 66 countries. In 2018, the system included just 729 surveillance sites across 22 nations.

The data show high rates of resistance among antimicrobials used to treat common infections. For example, the rate of resistance to ciprofloxacin, which is typically used to treat urinary tract infections, varied from about 8% to nearly 53% in 35 countries.

WHO also warned that the situation could worsen if antibiotics are inappropriately used.

For more information, visit www.who.int.

Kim Krisberg
AUGUST 2020

COVID-19 case numbers the end of May, local people safe. But none of it between workers on the face shields, increased sanit...
Gwen Francavilla, PhD, MPH, CHES, who specializes in stress management and helped organize the events, told The Nation’s Health, “It’s a safe space where we see the same people coming back for repeat sessions. It’s really what people need right now.”

The APHA Integrative, Complementary and Traditional Health Practices Section has also been hosting a moderated series of free “well-inars.” The first in the series, held in June, provided a guided tour through forest imagery by health and wellness specialists.

APHA President Lisa Carlson, MPH, MCHES, went a step further by leading viewers on a half-hour virtual walk through an Atlanta park in June. Connecting with nature is important for mental health, particularly during the isolation of the COVID-19 pandemic, Carlson noted.

For more information on the PHEHP sessions, visit https://bit.ly/phehpdestress. For the video from Carlson, visit www.youtube.com/aphadc.

— Aaron Warnick

Medical workers join in protests in June in New York City in Central Park. APHA’s member groups are responding to the moment by speaking out against police violence and racism.

Photo by Maria Khrenova, courtesy TASS/Getty Images

Sections events help workers relax, improve well-being

This year has been stressful, especially for people who work in public health. APHA member groups and leaders are helping them unwind and recharge their mental health with free online meditation, exercise and more.

This spring and summer, the Public Health Education and Health Promotion Section debuted live de-stress sessions. The Take a Break and De-Stress with PHEHP series features biweekly 30-minute sessions that engage participants in mindfulness meditations, chair yoga sessions and other wellness practices. They also offer participants the opportunity to connect. The sessions are held on Zoom so that people can see and hear each other.

“Having that connection makes all the difference,” Gwen Francavilla, PhD, MPH, CHES, who specializes in stress management and helped organize the events, told The Nation’s Health. “It’s a safe space where we see the same people coming back for repeat sessions. It’s really what people need right now.”

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Medical workers join in protests in June in New York City in Central Park. APHA’s member groups are responding to the moment by speaking out against police violence and racism.
COVID-19 threatens access to necessary oral health care for Americans

Dental Care, continued from Page 1

lot of unknowns with this virus.”

During the early months of the pandemic, many dental offices closed entirely, or only saw patients for emergencies, leaving dentists, hygienists, assistants and other staff out of work. Now that they are slowly reopening, practices are balancing the health dangers posed by the pandemic with economic pressures and requests from patients who have gone months without care.

About 1 in 5 dental offices in the U.S. were completely closed and not seeing any patients in late March, and 3 out of 4 were only seeing emergency patients, according to a poll from the American Dental Association’s Health Policy Institute. More practices began reopening in May with fewer patients, and as of mid-June, almost all dental practices were open in some capacity, with about one-third describing their practice as “business as usual,” the poll said.

To protect both workers and patients, dental offices have made sweeping changes, following guidance from professional organizations and industry experts. They have altered the kinds of protective gear they use, limited the number of patients they see per day and, in some offices, invested heavily on specialty equipment to make offices safer.

But more guidance is needed, according to APHA’s Oral Health and Occupational Health and Safety sections, which called for better information from the federal government on how dentists should operate their offices given the pandemic. Dental teams have the highest occupational risk among all workers, with hygienists the single highest-risk profession, the sections said in a June letter to U.S. Health and Human Services Secretary Alex Azar, JD.

That “designation should result in additional levels of health protection beyond what is recommended for other health care industries,” the sections told Azar, asking for input from the Centers for Disease Control and Prevention and Occupational Safety and Health Administration.

Despite the lack of federal guidance, oral health providers are working to make dental care the safest they can.

“Dentists are, and always have been, dedicated health professionals committed to providing the best care in the safest manner possible,” Chad Gehani, DDS, president of the American Dental Association, told The Nation’s Health. “COVID-19 is not the first airborne hazard dentistry has faced, and it will likely not be the last.”

Some offices have eliminated computer check-ins and instituted surveys and temperature checks before patients are allowed treatment. Others are administering a hydrogen peroxide rinse in an attempt to kill pathogens in patient mouths, though CDC says the treatment has yet to be proven effective.

“But the transition has not been seamless,” the poll said. “We are doing a lot of what we have always done in terms of infection control, but now we’re doing even more of it, so that makes everything take longer,” John Tsaknis, DDS, owner of City Dental, a practice in Washington, D.C., told The Nation’s Health.

Part of the challenge is the additional personal protective equipment needed. “We have a tremendous amount of PPE,” Tsaknis said. “It’s really hard.”

The extra PPE adds another barrier to care, according to Nammy Patel, DDS, owner of Green Dentistry, a practice in San Francisco. It is like trying to provide dental services while wearing “essentially a hazmat suit,” she said.

“Such an important part of what we do is putting people at ease and making them comfortable,” Patel told The Nation’s Health. “With all of these extra layers, it makes the process very impersonal. It feels like a wall.”

Besides the challenge of keeping health professionals and patients safe, dentists — who are often small business owners — have to contend with higher operating costs and less income. Many are seeing fewer patients due to restrictions on space for physical distancing and have fewer staff working.

“Our staff is at full capacity. Time is money,” Ortiz Wolfe, a dental assistant at a Columbus, Ohio, practice, said.

“In the past year, we have a more uncertain future,” Wolfe said. “I’d estimate over the past 90 days that I’ve spent $10,000 to $15,000 to make everything safer.”

Things are even harder in major cities, such as Washington, D.C., and San Francisco, where property values and taxes are high. With increased need for PPE paired with surging overhead, some dentists have begun charging patients a cash fee to offset additional costs.

But the increased out-of-pocket costs “amplify barriers to care,” Wolfe said. With millions of people in the U.S. unemployed because of the pandemic, many have lost their employer-sponsored dental insurance coverage. And even in the best of times, only about half of U.S. adults have dental coverage, according to CDC.

Fewer dental offices and longer wait times threaten access to care and endanger the health of patients. Going without needed dental care can not only be painful, it can be life-threatening if it leads to an infection. Regular dental care prevents tooth loss and gum disease and can help screen for oral cancers. In 2018, 36% of Americans reported that they had not seen a dentist in the past year, with minorities, people with low income and the elderly more likely to not receive care. The fallout from COVID-19 has a potential to increase those disparities even further.

If dental offices close, people who need urgent dental care will end up in emergency departments and hospitals, Wolfe said. The relocation of high-risk, aerosol-producing procedures would shift the increased burden dental care providers have experienced to hospitals. Relieving the stress on hospitals has been a top priority for managing the pandemic response.

“Such a difficult time for everyone, but the oral health care system has been disproportionately impacted,” Wolfe said. For safety guidance for dental practices from the American Dental Association, see www.ada.org.

— Aaron Warnick

Photo by Xianglong, Stockphoto

COVID-19 has shattered dental offices for months, but those that are able to have been reopening, albeit with new safety precautions. Fewer dental offices and longer wait times threaten access to oral health care and can endanger patients.

Photo by Megan Jelinger, courtesy Reuters

Dentists in Columbus, Ohio, work on a patient May 1 as the state entered Phase 1 of reopening following closures for the COVID-19 outbreak. More physical distancing and higher costs for personal protective equipment are straining practices.

“There is a tremendous amount of risk there, and providers have had to adjust practice based off a lot of unknowns with this virus.” — Ortiz Wolfe
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HEALTH FINDINGS

The latest public health studies and research

Disinfectants misused during pandemic

Many people do not know how to safely use cleaning products to protect against coronavirus, a new study finds.

Published in the June 12 issue of Morbidity and Mortality Weekly Report, the study is based on survey responses from about 500 U.S. adults. Overall, 39% of respondents reported engaging in at least one high-risk practice not recommended by health officials, such as washing food products with bleach, applying household cleaning or disinfectant products bare skin, and intentionally inhaling or ingesting such products.

About 25% of respondents reported at least one adverse health effect during the prior month that they believed was related to cleaners or disinfectants, including sinus and skin irritation, dizziness, headache or breathing problems. Study authors noted that calls to poison control centers about exposures to such products have increased since the beginning of the COVID-19 pandemic.

Consumers did have some correct knowledge, with 68% recognizing that they needed to wash their hands after using cleaners and disinfectants, 73% knowing adequate ventilation of the COVID-19 pandemic makes sense, and 79% understanding that fighting the epidemic can add to serious health consequences, including miscarriages, stillbirths and birth defects.

Using national birth data, researchers found that the timing after fertility declines in 2014 happened about nine to 13 months after peak rubella incidences in four jurisdictions with the highest rubella caseloads. They also found that peaks in rubella cases and Google searches for “rubella” were made in the four jurisdictions with the most rubella cases.

Authors attributed the fertility decline to voluntary decisions to delay pregnancy due to rubella risks.

COVID-19 health impact long-term

Based on the long-term health impacts of disasters such as Hurricane Katrina, officials should prepare now for the lasting effects of the COVID-19 pandemic, a new study finds.

Published in June in the Proceedings of the National Academy of Sciences, the study uses data from a prospective study of young, low-income mothers who survived Hurricane Katrina in 2005 to highlight the disaster-related stressors that could predict future health adversity. They found that bereavement, concern for loved ones, and lack of access to medical care and medications predicted adverse mental and physical health one year post-disaster, with some effects persisting up to 12 years later.

The results were the same even after researchers adjusted for pre-existing health and socioeconomic conditions.

“This burden may be unprecedented in scale because, unlike other disasters, the pandemic is not geographically bounded, and millions of people will be impacted,” researchers wrote.

Low alcohol intake still harm to health

Even moderate and low-risk alcohol consumption can be harmful to people’s health.

In a new study, published in June in the Journal of Studies on Alcohol and Drugs, researchers used an open-access model, the International Model of Alcohol Harms and Policies, to estimate alcohol impacts, along with data on hospitalizations, deaths and alcohol use in Canada. They found that people drinking within recommended guidelines — which call for no more than 10 alcoholic drinks per week for women and no more than 15 for men — experienced a significant portion of alcohol-caused death and disability.

For example, more than 50% of cancer deaths associated with alcohol use happened in people drinking moderately, while 38% of all alcohol-attributable deaths were experienced by people drinking below the weekly limits or among former drinkers.

Those drinking within the recommended guidelines experienced 140 more deaths and about 3,000 more hospital stays than if they had chosen to abstain from alcohol.

Authors said the findings highlight that many countries may be recommending alcohol limits that are too high.

“Drinkers following weekly (low-risk drinking guidelines) are not insulated from harm,” the study concluded.

Microplastics found on US remote lands

Every year, more than 1,000 tons of plastic particles and fibers rain down on protected lands in the western U.S., according to a new study.

Published in June in Science, the study was based on high-resolution atmospheric deposition data and samples of microplastics and other particulates collected over 14 months in 11 national parks and wilderness areas.

Researchers noted that microplastics are known to accumulate in wastewaters, rivers and oceans. The study found that urban centers and soils or water are principal sources of wet-deposited plastics. Most of the plastics deposited in both wet and dry samples were microfibers from clothing and industrial materials, while about 30% of the particles were brightly colored microbeads likely from industrial paints and coatings. Other particles found were fragments from larger pieces of plastic.

Deposit rates averaged 132 plastic per square meter per day, which amounts to more than 1,000 metric tons of plastics ending up on protected lands throughout the U.S. West. Findings suggested that microplastics are small enough to get caught up in the atmosphere for cross-continental transport.

“Several studies have attempted to quantify the global plastic cycle but were unaware of the atmospheric limb,” said study co-author Janice Brahney, PhD, MSc, a assistant professor at Utah State University, in a news release. “Our data show the plastic cycle is reminiscent of the global water cycle, having atmospheric, oceanic and terrestrial lifetimes.”

Fossil fuel wells may impact preterm birth

Living near oil and gas wells can increase the chance of preterm birth, which is the leading cause of infant mortality in the U.S.

In a study published in June in Environmental Epidemiology, researchers examined 225,000 births among women living within six miles of oil and gas wells in California’s San Joaquin Valley from 1998 to 2011. They found that women who lived near wells in their first and second trimesters were 8% to 14% more likely to experience a spontaneous preterm birth — or a birth that is otherwise unexplained — at 20 to 31 weeks of pregnancy.

The negative impacts of living near an oil or gas well were strongest among women who were Hispanic, Black or had low education levels.

— Kim Krisberg

Photo by BrianJackson, courtesy @Stockphoto

Microplastics have been found in remote U.S. protected lands, including in Joshua Tree National Park, a new study says.

Photo by GaryKavanaugh, courtesy @Stockphoto

Trying to stay protected from COVID-19, many people are misusing household cleaners, according to a new study.
APHA denounces police violence, names racism a public health crisis

ADVOCATES, Continued from Page 2
ports to protect civil rights, strips protections from discrimination in health care from people who are transgender. “We cannot and will not stand for policies that permiss discrimination against Americans based on their sexual orientation or gender identity,” Benjamin said. “Discrimination is a public health threat, and APHA will continue to advocate for policies to protect LGBTQ Americans from this offense in all facets of society.”

EPA protections needed for asbestos
Any amount of exposure to asbestos is dangerous to human health, yet the U.S. Environmental Protection Agency’s rules governing exposure fail to take this into account, APHA told EPA’s Science Advisory Committee on Chemicals in June.

In comments drafted in collaboration with its Occupational Health and Safety Section, APHA said EPA comes up short in addressing asbestos exposure. It fails to consider the other health consequences of exposure on humans beyond lung cancer and mesothelioma, and leaves out evaluation of amphibole asbestos, one of two families of the silicate mineral. EPA also has failed to address human health and environmental risks during asbestos disposal, APHA said, noting that local, state and federal laws governing how to handle asbestos are not followed by employers.

“EPA’s Risk Evaluation of Asbestos understates the risk to public health,” APHA Executive Director Georges Benjamin, MD, said in the comments.

He urged the science committee to use its influence over EPA to bring about rules that protect people from asbestos exposure.

APHA: Prepare now for COVID-19 vaccine
Public health agencies need to prepare for allocation, distribution and administration of a COVID-19 vaccination, APHA and partners told congressional leaders in June.

Due to the magnitude of the work, gaps in capacity and capability across public health and health care systems must be addressed to ensure timely, comprehensive and an equitable vaccination program. The advocates said in a letter. Infrastructure investments must be made now to further strengthen, enhance and scale up to meet demand for a future COVID-19 vaccine.

Congress should prioritize a funding recommendation to allocate $3.6 billion for immediate infrastructure vaccination support, and at least $2.3 billion to administer the COVID-19 vaccine through public health systems. The resources will be crucial as health workers combat influenza and COVID-19 concurrently this fall, the advocates noted.

APHA supports loan help for workers
The COVID-19 pandemic underscored the importance of having a strong public health infrastructure in the U.S. But since the Great Recession, the country’s public health workforce has diminished dramatically, and many older workers are nearing retirement age.

On May 14, Sens. Cory Booker, D-N.J., and Tina Smith, D-Minn., introduced a bill that would reauthorize the Public Health Workforce Loan Repayment Program, which was part of the Affordable Care Act from 2010 to 2015 but was never funded. The program is designed to provide education loan repayment assistance to eligible workers who work in health departments.

Under the program, a worker could receive up to $35,000 in repayment assistance for a two-year commitment to public health service.

The program also authorizes $200 million to fund the program for five years, and expands eligibility requirements to include recent graduates with degrees in computer science and information fields. APHA and partners supported the legislation in a May 26 letter to the senators.

Science, data decide when schools reopen
Decisions on opening higher education campuses in the fall will be rooted in science and data on COVID-19, APHA Executive Director Georges Benjamin, MD, told Congress in June testimony.

Benjamin spoke during a virtual U.S. Senate hearing, emphasizing the importance of Centers for Disease Control and Prevention guidelines. Decisions regarding schools and universities will not come with a “one-size-fits-all solution, and any decisions must be science-based, data-driven and done in close consultation with state and local public health authorities.”

Benjamin also recommended that college and university officials prioritize health equity considerations when developing risk reduction plans. COVID-19 has had a disproportionate impact on Blacks and Hispanics, as well as low-income students who rely on a range of services provided by their institutions.

A recording of the hearing is available at www.help.senate.gov.

End harrassment of health officials
Public health professionals are heroes who deserve support and gratitude, not intimidation and threats, APHA and partners said in a June joint statement.

In response to harassment and threats of violence, APHA, the American College of Preventive Medicine and the American Association of Public Health Physicians called upon elected officials to support public health workers, condemn the intimidation and threats of violence, and provide resources to help mitigate the financial and psychological harms to health workers during the pandemic.

“Despite the frustration caused by these important, life-saving decisions, violence has no place in the COVID-19 threat,” the partners said.

Police violence, racism denounced
Racism is an ongoing public health crisis that needs immediate attention, APHA said May 29 following the horrifying death of George Floyd.

The Association condemned the violence against Floyd and long-standing racism in America, noting that “Americans cannot be silent about this.”

“Racism is a longstanding systemic structure in this country that must be dismantled, through brutally honest conversations, policy changes and practices,” said APHA Executive Director Georges Benjamin, MD.

On June 4, APHA denounced the use of violence by law enforcement against people peacefully protesting around the nation for change and affirmed that law enforcement violence is a public health issue.

“We stand by the millions of people across the country and around the world who have come together to speak out against the unjust killing of George Floyd — itself an act of police violence — and we demand that peaceful demonstrators be treated with the dignity and respect our Constitution guarantees,” Benjamin said.

APHA: Keep politics out of CDC work
The Centers for Disease Control and Prevention has provided a wealth of objectives designed to keep workers and the public safe during the unprecedented public health crisis of COVID-19.

In May, in the wake of reports detailing conflicts between the agency and the White House, which delayed the agency’s evidence-based guidelines for reopening the country, APHA condemned political interference in CDC’s work.

“Our interest is science, not politics,” APHA Executive Director Georges Benjamin, MD, said in a news release. “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.”

CDC’s actions during the pandemic include practices that have allowed health care facilities to scale up operations, undertaken actions such as disinfection procedures, initiated physical distancing and monitor possible reemergence of illnesses. The agency also helps communities develop policies and toolkits for better public health.

— Mark Barna
To take action on public health, visit www.apha.org/advocacy.

APHA denounces police violence, names racism a public health crisis

A scientist works in March at Novavax in Gaithersburg, Maryland, to develop a COVID-19 vaccine. APHA says public health needs to start preparing for future release of a vaccine.

Photo by Andrew Caballero-Reynolds, courtesy AFP/Getty Images
LETTERS

Personal perspectives on public health

Racism focus needed at health departments

Protests in the streets are not a surprise. We started out in a COVID-19 era earlier this year and now we are in a post-George Floyd murder era that reinforces the fact that African Americans and other minorities have continuously been victims of racism. We know racism leads to poor health outcomes, racism affects all of us and is a public health issue.

During the past three years, we have seen a confluence of actions and inactions that have created an environment that clearly led to the events that are now occurring: an increase in overt acts of racism and hate crimes; an increase in economic disparities, with people of color being most affected; and greater social isolation. These factors have piled on more economic and health stresses to the most disadvantaged members of our country. What will be the result that comes from all of this?

A public health revolution has begun. Moving from Public Health 2.0 to 3.0 is not enough. Every national, state, tribal and local public health agency needs to have an office on racism or at least have racism identified and acted upon as part of its mission.

This office needs to set guidelines to ensure policies and programs are not racist — not just public health policies and guidelines, but all government policies and guidelines — because racism is a public health issue. This office needs to continuously monitor and evaluate programs to be sure that there is not discrimination in who and how people are provided public health services and that all health care providers, whether public or private, are not racist. This goes beyond just discrimination because it is preventative, a capstone of public health. This should become a requirement for health department accreditation.

Douglas Taren, PhD
Tucson, Arizona

In memoriam

Guest, former DC affiliate president

APHA member Barbara Guest, MPH, MSW, died May 20, 2019. She was 77.

Guest was a member of the Metro Washington Public Health Association, where she served as association president. She was a member of APHA’s Mental Health and Medical Care Sections. Within the Medical Care Section, she served as a governing councilor and was a member of the Section’s Jail and Prison Health Committee.

Guest was committed to prison reform. As a social worker, she mentored and helped rehabilitate fellow Maryland residents who served time in prison back to community life.

Guest last worked at Catholic Charities as a mental health counselor. She earned her MSW from the University of Maryland and her MPH from Columbia University.

McElroy, past APH department editor

APHA member Kenneth McElroy, PhD, MS, died May 27 in College Station, Texas. He was 74.

McElroy was a long-time member of APHA. Over the years, he presented at the APHA’s Annual Meeting and Expo more than 50 times, with his first presentation at the 1979 meeting in New York City. He served as chair of the APHA’s Public Health Education and Health Promotion Section in 1993. He was a member of APHA’s Governing Council from 2000 to 2007.


McElroy was a regents and distinguished professor of health promotion and community health sciences at Texas A&M University’s School of Public Health. He earned his PhD in Health Education from the University of North Carolina at Chapel Hill.

Bingham, former OSHA director

Eula Bingham, PhD, died June 13. She was 90.

Bingham was the first woman to lead the federal Occupational Safety and Health Administration. She held the position from 1977 through 1981, under President Jimmy Carter. Bingham was renowned for her advocacy for workers’ rights. In her tenure as OSHA director, the agency revised the occupational lead exposure standard and published a right-to-know standard that required workers have the right to know about hazardous chemicals in the workplace.

Bingham was recognized by APHA for her work with the Homer N. Calver Award in 1980, the Alice Hamilton Award in 1984 and the David P. Rall Award for Advocacy in Public Health in 2000.

Bingham last worked as professor emerita in environmental health at the University of Cincinnati. She earned her PhD from the University of Cincinnati.

— Aaron Warnick

Letters policy: THE NATION’S HEALTH accepts letters to the editor. Letters must be no longer than 300 words and may be edited for length and clarity. They must be signed and include city and state of residence as well as a daytime phone number. Full details are online at www.thenationshealth.org. For more information, email nations.health@apha.org.
How to get hold of your household mold

By Aaron Warnick

When mold starts to grow on your food, you know it's time to throw it out. However, you can't do that with your home. Mold growth is really common in residences and other buildings, so you'd be moving a lot. But there are things you can do to stop mold growth from moving in with you.

Mold is fungus. Out in nature, mold helps break down dead things like tree branches and leaves. It spreads by sending little spores in the air, and when they hit something damp like dead bark, they start to grow and feed off the surface. Mold is in the air all around us.

"Mold is part of nature," says Dean Mitchell, MD, an allergist and immunologist in New York City. "But when mold starts growing in your home, you need to take care of it."

Mold spores make their way indoors a number of ways. Windows, vents, doors and heating and air conditioning systems all provide entryways for mold into your home. Your shoes, clothes and even your pets can bring outdoor mold inside. And if it lands on something damp, it can settle in and begin to eat whatever it's on.

Once it's found a place to live, mold will grow and send more spores into the air. Having a little spore factory where you live can be harmful to health. For most molds, the risks to health aren't severe. If you're allergic to mold — which an allergist can test you for — you might have a reaction ranging from hay fever-like symptoms to rashes.

But even if you're not allergic to it, mold can still irritate your eyes and skin.

Molds come in a lot of different colors and textures and grow in different places. Some molds are more dangerous than others. Slimy dark green or black mold can cause breathing problems over time. Mold can cause respiratory problems for people with asthma, and asthma-like symptoms for people who don't have the disease.

Your body's immune system has to fight the mold to keep you healthy, but that fight can make you sick and fatigued, says Mitchell.

In short, don't ignore mold in your house. "You have to be like a detective," Mitchell says. "If you find mold or you start having allergic reactions in your home, you need to find where the mold is growing and how it got there."

Sometimes you may see a little mildew on your bathroom tiles or growing next to your window. If it's a small area, less than 10 square feet, tackle it yourself by scrubbing it away with water and detergent. But if it's on something absorbent such as carpeting or ceiling tiles, the best thing to do is rip them out.

Cleaning mold spots releases spores into the air. So be sure to wear a respirator, gloves and goggles while tackling it.

But getting rid of mold is only part of the battle. You need to figure out why mold was growing in your home in the first place. The most likely culprits are water and humidity, which are incubators for mold.

"I am so fearful of water in my home," Mitchell says. "Anything from a loose toilet to a small leak in the roof can cause water damage that makes mold more likely to grow."

If water is getting where it shouldn't, that needs to be fixed. Otherwise, no amount of cleaning will solve your mold problem. Check near pipes and other water sources to make sure they're not leaking.

Sometimes, simply finding the mold is a challenge. If you think you might have a mold problem but can't find it, you can call in professionals to help. They can help rid your house of mold in areas not easy to find or reach.

Stopping mold before it starts

The best way to get a handle on mold is to prevent it in the first place. The Centers for Disease Control and Prevention offers these tips:

◆ Control the humidity. Keep your home's humidity levels no higher than 50%. Measure your home's humidity with a meter, and if it is high, use a dehumidifier to keep it in check. Monitor humidity levels at different times.

◆ Let it flow. The air in your home should flow freely. Make sure your clothes dryer vents outside your home and use exhaust fans in the kitchen and bathroom.

◆ Watch for water. Be on the lookout for leaks in your home's roof, walls, faucets and pipes.

◆ Dry it up. If your home is involved in a flood, clean it up and dry it out within 24 to 48 hours.

◆ Prep that paint. Before you paint, add in mold inhibitors, or look for primer that already has it.