One thing has become clear in the run-up to APHA’s 2020 Annual Meeting and Expo: Going virtual has opened the door to innovation.

When APHA 2020 launches Oct. 24 in an all-virtual format, participants will have access to more sessions than ever and the ability to watch them on demand afterward. The Annual Meeting will be a global event, with atten-

See APHA 2020, Page 16

Rising rates of uninsurance may foretell US public health crisis

STEADILY falling health insurance rates point to a looming health crisis in the U.S., and in the wake of the nation’s faltering economy, it may be one that is difficult to bounce back from.

Emerging research finds that the COVID-19 pandemic and the sustained damage it has done to the economy has resulted in major disruptions to health insurance coverage.

This summer alone, 3.5 million adults under age 65 lost their employer-sponsored health insurance, according to a September report from the Robert Wood Johnson Foundation and the Urban Institute, with 1.9 million people becoming newly uninsured. And before that, at least 5.4 million workers who were laid off lost their health insurance in the spring, according to the Labor Department.

See INSURANCE, Page 14

Rankings look at health of 3,000 counties

Los Alamos County, New Mexico, named healthiest US community

SEVERAL TIMES A YEAR, Morris Pongratz steps out on his porch at night to watch a meteor shower. It is one of the many perks he enjoys living in Los Alamos County, New Mexico, which, with its clean air and elevation of 7,500 feet above sea level, brings high definition to the white streaks racing across a black sky.

On Sept. 22, U.S. News & World Report named Los Alamos County the healthiest county in America. The announcement was part of its third annual Healthiest Communities project, which ranks nearly 3,000 communities nationwide on metrics such as equity, nutrition, public safety and environment. The project is a way to inform residents, community health leaders and policy makers.

See RANKINGS, Page 12

Nov. 4 marks end of US withdrawal from global climate accord ends threat to human health

IN CALIFORNIA, Jeni Miller’s son keeps an emergency backpack by the door. His phone is always with him, just in case he needs to quickly flee the state’s wildfires, which have worsened this year because of growing heat and drought.

In Florida, where Miller is helping her father, they are grateful that the catastrophic flooding from Hurricane Sally missed their town. But more slow-

See CLIMATE, Page 18

Equity at center of revised 10 Essential Public Health Services

EQUITY IS NOW OFFICIALLY at the core of one of the most important and influential frameworks in public health.

First created in 1994, the newly revised 10 Essential Public Health Services — released in September after months of input gathering from across the field — formally places “equity” at the center of the framework’s familiar multicolored wheel of activities that public health sys-

See SERVICES, Page 10
Funding needed to manage COVID-19

As COVID-19 continues its spread, more efforts are needed to expand telehealth, make vaccines available to underrepresented groups, and reduce racial and ethnic disparities in the health care system, APHA and partners told congressional leaders in an Aug. 19 letter.

As the lead federal agency for funding health services research, the Agency for Healthcare Research and Quality should receive funding to support such work, the advocates said in support of new congressional legislation.

H.R. 8067 would enable the agency to identify telehealth obstacles to access for veterans, seniors and people with low-socioeconomic status. Funding could also improve AHRQ’s response to potential weaknesses in the health care system that increase racial and ethnic disparities and create pathways to ensure that safe and effective vaccines for COVID-19 are available for minority groups, the advocates said.

“AHRQ has the proven track record of creating pipelines of new medical findings reaching health care providers and patients, and providing them with the tools and training they need every day, and this bill provides AHRQ with resources it needs to take on the COVID-19 crisis,” the advocates said.

Tooth decay a risk during pandemic

People who are food insecure during the COVID-19 pandemic are especially vulnerable to adopting diets containing high sugar, which can accelerate tooth decay.

In an Aug. 7 letter to two federal agency leaders, the Oral Health Alliance, of which APHA is part, asked that the U.S. Department of Agriculture and the U.S. Department of Health and Human Services recommend daily oral health guidelines from the 2020-2025 Dietary Guidelines for Americans.

“Individuals of all ages should follow a daily oral hygiene routine, which includes brushing their teeth with fluoridated toothpaste, cleaning between their teeth where possible, chewing sugar-free gum for 20 minutes after meals or snacks if possible, drinking fluoridated water where available, and limiting frequent or constant use of dietary fermentable carbohydrates,” according to the guidelines.

While all people can benefit from better oral health, the alliance emphasized that food-insecure groups are especially in danger of adopting unhealthy diets.

Funding bill would help public health

Congress must authorize more funding for federal agencies involved in public health to address firearm violence, climate change, and reproductive health and other issues. H.R. 7617, which includes the 2021 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, would help provide much-needed funding to support public health, APHA said in a July statement aimed at legislators.

If passed, the bill would provide an additional $232 million for the Centers for Disease Control and Prevention, which would increase funding for violence prevention research, climate and health, and for a new CDC program addressing social determinants of health. The legislation would also provide an increase of $157 million for the Health Resources and Services Administration.

In addition, $9 billion in emergency supplemental funding would be provided for public health and emergency preparedness activities, including funding for an influenza vaccine campaign and for state and local public health emergency preparedness activities.

The House of Representatives passed the bill on July 31.

Environment, cancer link needs attention

Science must be used to ambitiously expand research, practice and public policy to prevent cancer linked to environmental exposures, APHA and partners said in a new joint statement.

Released Sept. 17, the statement from the Cancer Free Economy Network — a collaborative of organizations including MD Anderson Cancer Center, Latinas Contra Cancer and APHA — calls for reducing cancer by reducing environmental risk factors.

The network called for greater action to prevent cancer by removing carcinogens from everyday environments and transitioning to safer consumer products, among other recommendations.

— Mark Barna

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

APHA ADVOCATES

Recent actions on public health by APHA

A Mend Urgent Care health care worker in Los Angeles helps a customer complete a COVID-19 test Sept. 18. Disputing science-based guidance from the Centers for Disease Control and Prevention, APHA said in August that asymptomatic people who have been exposed to the coronavirus need to be tested.

APHA calls out bad COVID-19 advice

Americans exposed to COVID-19 who are asymptomatic should still be tested for the virus fight against spread of the disease.

In a statement on Aug. 27, APHA spoke out against a Centers for Disease Control and Prevention recommendation that people without coronavirus symptoms who have been in close contact with an infected person do not need to be tested.

“The CDC remains our nation’s crown jewel of agencies for public health practice,” said APHA Executive Director Georges Benjamin, MD, in a statement. “This change and the process that resulted in its promotion puts that reputation at risk.”

Studies show about 40% of people who are infected spread the virus asymptomatically, APHA noted.

News reports linked CDC’s decision to make the recommendation to political interference.

On Sept. 18, CDC revised the recommendation, saying people who have been in close contact with someone with COVID-19 but are not showing symptoms should be tested.

Visit The Nation’s Health website for more news

Full issue online Oct. 19

www.thenationshealth.org

Photo by Nicomenijes, courtesy iStockphoto
Food insecurity can linger in adulthood

Adolescents who grow up without reliable access to enough affordable, nutritious food are more likely to be food insecure as young adults, a study in the September issue of APHA’s American Journal of Public Health finds.

Researchers examined data from a 2010 survey of over 1,550 middle and high school students in the Minneapolis-St. Paul region, many from marginalized groups. Over 28% were from a low-income household, many of which were food insecure.

In 2018, a follow-up was done with 65% of the students. As young adults, nearly one-quarter of them were food insecure, researchers said. Food insecurity was associated with a diet of unhealthy food, such as fast-food outlets and lacking in fruits and vegetables; binge eating and drinking; and substance use, such as smoking cigarettes and marijuana.

The rate of insecurity varied. In 2018, American Indian and Alaska Native young adults accounted for 29% of people reporting food insecurity, while Blacks accounted for 28%, researchers said. Those with no high school degree accounted for 45% of food-insecure people, and almost 31% of respondents were unemployed.

“Given that adolescents who experience food insecurity are at high risk for being food insecure in emerging adulthood, it may be valuable for health professionals to work with young people to prepare them and their families for the transition from having access to school meal programs to the need for accessing other forms of nutrition assistance,” researchers said.

Disease risk high for Hispanic immigrants

Hispanic immigrants in the U.S. who are not American citizens have significantly higher risk for chronic health ailments than those who have become citizens, a study in September’s AJPH finds.

Researchers examined data from the 2014-2017 Hispanic Community Health Study/Study of Latinos, focusing on over 8,000 people living in several major American cities who had been diagnosed with high cholesterol, hypertension or diabetes.

Compared to those who were citizens, noncitizen Hispanic immigrants — regardless of whether they were living in the U.S. with legal permission — were more likely to have a chronic ailment. The greatest disparity was for high cholesterol, diagnosed in 38% of noncitizens and just 14% of citizens.

Researchers suggested that Hispanic immigrants may have less access to health care and to have insurance coverage than naturalized Hispanic citizens.

Violence high among transgender partners

People who identify as transgender are twice as likely to experience intimate partner violence, according to a study in AJPH’s September issue.

Researchers examined 85 studies through July 2019 that explored intimate partner violence among people who are transgender. When compared to people who were not transgender, they were 1.7 times more likely to experience intimate partner violence, 2.2 times more likely to experience physical intimate partner violence and 2.5 times more likely to experience sexual intimate personal violence.

The higher rates might be due to social isolation that many people who are transgender experience, such as from family rejection, researchers said.

People on probation have poorer health

People in the U.S. who are on probation are more likely than the general population to experience mental illness, use illicit drugs and have chronic health ailments, a study in September’s AJPH finds.

Researchers analyzed data from the 2015-2018 National Survey of Drug Use and Health. Health records of over 3,500 people ages 18 to 49 who were on probation over the previous 12 months were examined. In 2018, more than 3.5 million people were on probation, which allows a person convicted of a crime to remain in the community with supervision instead of being imprisoned.

Besides having a prevalence of experiencing mental illness or substance use problem, people on probation reported chronic ailments at a higher rate, such as asthma, diabetes, hypertension and kidney disease. The stress and anxiety of being in the criminal justice system may cause or contribute to the conditions, researchers said.

“When we're looking forward to having access to the full meeting program for a year, as it means we won't have to skip a thing, and can even ratchet sessions on demand.”

— Mark Barna

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

APHA’s 2020 Annual Meeting and Expo provides an important forum for public health workers to connect in trying times.

Now is the most important time for public health professionals to gather

We are living through history in the making, and that includes APHA’s 2020 Annual Meeting and Expo. Welcome to our first all-virtual Annual Meeting!

APHA has postponed its Annual Meeting only twice in its 148-year history, once due to the 1918 flu pandemic and the other because of Hurricane Katrina. We’ve canceled an Annual Meeting just one single time, and that was during World War II. This year, even amid the COVID-19 pandemic, we are convening as scheduled with our first virtual Annual Meeting.

Now is the most important time in a century for public health professionals to gather to share knowledge, collaborate and support each other. I’m excited to connect with my APHA colleagues and friends in new ways, and I hope you’re planning to be part of this important meeting too.

One hallmark of the usual in-person Annual Meeting — besides the need for comfortable walking shoes — is the challenge of selecting which session to attend when there are so many overlapping choices. I’m looking forward to having access to the full meeting program for a year, as it means we won’t have to skip a thing, and can even ratchet sessions on demand.

— Lisa Carlson

I’ve never missed an APHA Annual Meeting since my first in 1994. And I’ve never lost that feeling of wonder during and after the meeting. While I set personal records every year for the number of steps I take at the meeting, I also leave with renewed inspiration for being part of public health. Who doesn’t need a little boost of inspiration this year?

That sense of connection generated during an APHA Annual Meeting is vitally important right now. The tremendous stress and pressure in the world is weighing especially hard on those of us working on the front lines of public health.

You’re fighting the pandemic, balancing home life, and dealing with attacks on science and threats to public health workers while trying to protect physical and mental health at the same time.

We are in this together, we will get through this together and we are stronger together.

For a week in October, let’s join together to renew our commitment to public health, to reenergize our spirits in fighting the good fight and to reconnect with our APHA families who provide us support and encouragement all year long. For science, for action, for health. I’ll see you out there.
Amplify public health messages by sending an APHA action alert

A NEW INFOGRAPHIC from APHA shows how easy it is to speak out on crucial public health issues.

The graphic illustrates five ways to use Association action alerts. The alerts, which can be accessed on the APHA website, contain sample language that advocates can send to policymakers and influence public health decisions.

The infographic is a brainchild of the APHA Executive Board’s Strategic Plan Committee. Board members Amy Lee, MD, MPH, MBA, and José Ramón Fernández-Peña, MD, MPA, APHA’s president-elect, worked together on the graphic.

“Advocating for sound, science-based policies is one of the most important ways to impact health,” Lee told The Nation’s Health. “We wanted to make sure that members knew how to best use these great tools and knew to widely share them.”

New action alerts are posted regularly. In September, alerts were available on health equity, gun violence that members knew how to best use these great tools and knew to widely share them.

To send an APHA alert, visit www.apha.org/action-alerts.

— Aaron Warnick

APHA IN BRIEF

Disease manual for clinicians available

A companion volume to “Control of Communicable Diseases Manual” — which has been published by APHA Press for over 100 years — is now available.

Published in September, “Control of Communicable Diseases: Clinical Practice” provides easily accessible information on infectious diseases for clinicians, such as physicians, nurses and other health profession- ers. The manual covers diagnosis and treatment of communicable diseases while also providing an overview of epidemiology and prevention.

The volume is the perfect tool to thwart the “information pandemic” widespread during the COVID-19 outbreak, co-editor Omar Khan, MD, MHS, FAAP, said in a news release.

“This manual begins where ‘Control of Commu nicable Diseases Manual’ leaves off — patient management is a part of communicable disease control, and ‘CCDM Clinical Practice’ deserves a place on the bookshelf as an equal partner to ‘CCDM,’” co-editor David Heymann, MD, DTM&H, said in the news release. Heymann and Khan will join Burton Wilcke, Jr., PhD — who edited a 2019 CCDM volume on labora tory practices and disease control and prevention — as hosts of a live Q&A during APHA’s 2020 Annual Meeting and Expo. Join the talk at the APHA Press virtual booth, 530B, at 2 p.m. MT on Sunday, Oct. 25.

To purchase the publication, visit www.apha bookstore.org.

Affiliates to tackle racial equity

Several APHA-affiliated public health associations will be using new grants from APHA to promote racial equity within their organizations.

Announced in September, APHA Affiliates in Colorado, Florida, Louisiana, Mississippi and Wisconsin were chosen to participate in the program, which was made possible through support from the National Institutes of Health’s All of Us Research Program.

“We’re thrilled that our continued partnership with All of Us is now supporting Affiliates doing this important work,” Lindsey Wahowiak, APHA’s director of Affiliate affairs, told The Nation’s Health. “When public health leadership works toward racial equity, that’s a win for APHA, the field and the communities we serve.”

APHA has released a new toolkit to help Affiliates. The “Equity, Diversity, Inclusion Action Toolkit for Organizations” can be used by anyone and is available at bit.ly/organizationequity.

Racism volume now available as e-book


The book, published in 2019, delves into interpersonal and structural racism, offering health workers insights into disadvantaged communities. Health professionals who read the book, in any format, are eligible to earn continuing education credit through APHA.

The book’s editors — APHA members Chandra Ford, PhD; Derek Griffith, PhD; Marino Bruce, PhD; and Keon Gilbert, DrPH — will host a live Q&A during APHA’s 2020 Annual Meeting and Expo. Join the conversation at the APHA Press virtual booth, 530B, at 4 p.m. MT on Sunday, Oct. 25.

For more information on the book, visit bit.ly/apharacismbook.

New tools guide racial equity talks

To help lead meaningful conversations on racism, APHA has released a new series of discussion guides. The new tools are designed to accompany APHA’s popular Advancing Racial Equity webinar series that began this summer. The guides summarize the content of each webinar and offer prompts for reflection, discussion questions, activities and resources.

“We received a lot of feedback from participants that they were using the webinars as learning tools or conversation starters with colleagues or in classrooms with their students,” said Tia Taylor Williams, MPH, director of APHA’s Center for Public Health Policy and Center for School, Health and Education. “We wanted to create something that could help viewers further their learning beyond what we’re able to present during the 90-minute webinars.”

The webinars have focused on issues such as reproductive justice, policing and racial healing. Users are encouraged to watch the webinars — recordings of which are available online — and then use the guides to lead conversations. While primarily designed for public health students and professionals, the guide “can be used by anyone interested in having meaningful discussions about racism and racial equity.”

To access the recorded webinars and the guides, visit www.apha.org/racial-equity.

— Aaron Warnick
COVID-19 will likely still be with us in the U.S. even after a safe and effective vaccine is administered.

Many people will probably still practice better hygiene in coming years, but what other ways might human behavior change given the broad impact of the pandemic on people’s lives?

Beyond large-scale changes, the pandemic has certainly brought out some of the best and worst in people. (Some) human beings have responded with great generosity and courage, while others have responded with fear and suspicion.

Viruses have long been adept at identifying fault lines in societies, of revealing vulnerabilities in our cultures and in the underlying structures of societies. The optimistic side of me wants to believe we will learn from this pandemic, and that we will work to build a more equal world where we recognize we really are all in this together.

2020 in the U.S. will be remembered not only for COVID-19, but also for violence perpetrated by groups with differing views on what America should be.

What can public health do to help heal these societal divisions?

This is such a profoundly important question. I sometimes fear that, in the anger and rage we often have toward one another, we will forget the things that bind us together. I had not previously thought of this as a public health problem, but I think you are exactly right — if a phenomenon costs people their lives, damages societies and impairs our ability to plan for the future, of course it is a public health problem. Addressing this is going to be very difficult.

I think the roots of the problem lie in a psychological bias: We are all deeply attentive to the ways in which our views differ from other people’s views, and largely inattentive to the ways in which our views align with those of others.

When this bias is shared by tens of millions of people, and exacerbated by hot takes on social media and cable news, we can genuinely come to believe — as millions apparently do — that their political opponents are not just wrong, but deranged and evil.

The way to address this bias is the way we address most biases: by recognizing they exist, and then diligently working to keep them from affecting our judgment and behavior. Easier said than done.

— Interview conducted, edited and condensed by Mark Barna
People with disabilities are often not referred for mental health care because doctors are focused on the disability, CDC says.

CDC: One-third of people with a disability experience mental distress

PEOPLE WITH disabilities often get lost in the conversation on health equity. A recent federal study helps fill in the gap by sharing important data on their mental health.

An estimated 17.4 million U.S. adults with disabilities — or 33% — experience mental distress four to five times more often than the rest of the U.S. population, according to a Sept. 11 study in the Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report. Over half of adults with cognitive and mobility disabilities reported mental distress, which is undiagnosed.

“Health care providers caring for adults with disabilities might focus on the primary disability as the cause for a behavior or mental health symptom, rather than considering the possibility that that person may have an undiagnosed co-occurring mental disorder,” Robyn Cree, PhD, an epidemiologist with CDC’s National Center on Birth Defects and Developmental Disabilities and lead author of the study, told The Nation’s Health.

Around 40% of people with disabilities in New Hampshire, Maine and South Carolina reported mental distress, the highest percentages among states. Alaska, Hawaii and Illinois were lowest, at around 26%. The differences might be partially due to mental health-related policies and access to mental health services in the respective states, Cree said.

CDC researchers analyzed 2018 Behavioral Risk Factor Surveillance System data on over 400,000 adults both with and without disabilities. Frequent mental distress was defined as having 14 or more mentally unhealthy days in the past month.

Adults with disabilities often report mental distress because they are unable to afford the health care they need, the study researchers said. Mental distress was also linked to adverse health behaviors and conditions, such as smoking or insomnia.

To help improve the mental health of people with disabilities, health providers should promote healthy behaviors, such as exercise, maintaining a healthy weight, and avoiding tobacco and alcohol, study researchers suggested.

But many times, health care workers do not recommend healthy habits to people with disabilities, according to Mackenzie Jones, MPH, an education specialist at the Montana Department of Public Health and Resources, who was not part of the study. That oversight can increase risk of chronic health conditions and contribute to mental distress.

“Without referrals or access to (mental health) services, let alone services that are culturally sensitive to people with disability, isolation and hopelessness can occur, creating a deeper challenge and leading to mental illness,” Jones, an APHA member, told The Nation’s Health.

Cree said public health professionals should include people with disabilities in their evidence-based programs to address mental health disparities.

“Programs that increase social cohesion, encourage community participation, improve access to quality mental health screening and care, and promote healthy lifestyle recommendations can help reduce mental distress among people with disabilities,” she said.

Ivan Molton, PhD, an associate professor of psychology and rehabilitation medicine at the University of Washington, told The Nation’s Health that wrap-around services integrated in which patients receive individualized health coaching, socialization planning and psychological aid have been shown to work.

But Molton cautioned not to accept the myth that people with disabilities are generally lonely, socially isolated or depressed.

“This can become an unhelpful caricature,” said Molton, who was not part of the CDC study. “One-third of people with disability report frequent mental distress, but two-thirds do not, which is not to dismiss the need for better mental health supports, but rather to emphasize the resilience of this population.”

For the CDC study, visit www.cdc.gov/mmwr.
Salmonella risk high, needs guidelines

Current guidelines for stopping salmonella outbreaks are inadequate, new research finds.

While the poultry industry currently uses salmonella prevalence or positivity rates as an indicator of food safety, a study published in July in Risk Analysis found that many other factors, such as virulence, should be used in ensuring food safety as well.

In particular, the study found that even though meats such as ground chicken could have a lower salmonella prevalence than ground turkey, they could still pose a higher risk to health if the products are contaminated with greater numbers of more virulent serotypes of salmonella.

“When other risk factors were not held constant, salmonella prevalence was not correlated with risk of salmonellosis,” stated the study, authored by Thomas Oscar, a researcher with the U.S. Department of Agriculture’s Agricultural Research Service.

“Thus, salmonella prevalence alone was not a good indicator of poultry food safety because other factors were found to alter risk of salmonellosis.”

Instead, the study recommended a more “holistic approach” to poultry safety that considers factors such as salmonella serotype, virulence and incidence, undercooking and cross-contamination.

Gun violence costs health care billions

Gun violence costs the U.S. health care system $170 billion every year, a new study finds.

Published in August in the Journal of the American College of Surgeons, the study was based on data from 262,000 people who required at least one major operation for gunshot wounds between 2005 and 2016. Of the $170 billion yearly cost, $16 billion was for operations alone.

Over the study period, costs for gunshot-related hospitalizations went up more than 27%, while the amount of time patients spent in the hospital — a major cost driver — also increased. The percentage of fatalities went down, from 8.6% in 2005 to 7.6% in 2016, even though overall admissions for gunshot-related operations went up. Researchers also found that the severity of gunshot injuries worsened over the study period, with predicted survival decreasing from 81% to 79%.

People delaying care due to COVID-19

As of June, more than a third of U.S. adults had put off medical care due to COVID-19 concerns, a new study finds.

In a Sept. 11 study published in Morbidity and Mortality Weekly Report, researchers found that 41% of adults had delayed or avoided medical care, including 12% who avoided urgent or emergency care and 32% who delayed routine care.

Avoidance of urgent or emergency care was more prevalent among unpaid caregivers for adults, people with preexisting medical conditions, Black and Hispanic adults, young adults and people with disabilities. The study is based on surveys of about 5,400 U.S. adults conducted in late June.

Researchers said high rates of avoiding urgent or emergency care among Black and Hispanic adults was especially concerning, as those populations are also bearing the brunt of COVID-19 deaths.

Blacks, Hispanics impacted by virus

Black and Hispanic Americans face greater mental health and economic challenges from the COVID-19 pandemic than people delaying care due to COVID-19 concerns, a new study finds.

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Blacks, Hispanics impacted by virus

Black and Hispanic Americans face greater mental health and economic challenges from the COVID-19 pandemic than...
REGISTER NOW!

APHA’s 2020 Virtual Annual Meeting & Expo
Oct. 24 – 28
apha.org/AnnualMeeting

APHA 2020 will be our first-ever Virtual Annual Meeting and Expo. Just because we’re going virtual does not mean we’re dialing down or holding back. We’re recreating the experience to connect you with cutting-edge education, leading organizations in the field and professionals that share your passion for public health. Register now for maximum savings.

APHA 2020
CREATING THE HEALTHIEST NATION: PREVENTING VIOLENCE

Violence is a leading cause of premature death, particularly among children, adolescents and young adults. This serious public health threat directly impacts life and limb, lowers life expectancy and undermines future achievement. Both deadly violence and the high incidence of non-fatal violent injuries are major concerns, taking an enormous economic toll on the health care system and damaging quality of life. Being a victim or witness of violence can lead to and worsen mental, emotional and social problems, chronic illnesses and marginalization.

Violence and the threat of violence limit the ability of individuals, families and communities to have healthy, whole lives. Yet research and practice have demonstrated violence is not inevitable and can be prevented. Public health must work with other sectors to prevent violence in all of its forms and across the lifespan. Using a public health approach, we can address the structures and root causes that contribute to this burden and work to change these underlying conditions in homes, schools and communities.

We must continue to implement prevention efforts that help provide the opportunity for all to live their lives to their greatest potential. This year’s Virtual Annual Meeting will connect thousands of professionals to share interests and passions and improve and advocate for the practice of public health.

THIS MEETING IS FOR YOU!
Be inspired to speak for health.

DON’T MISS
SESSIONS THAT INSPIRE AND MOTIVATE

ALL SESSIONS AND EVENTS WILL TAKE PLACE IN MOUNTAIN TIME (MT). BUILD YOUR SCHEDULE IN THE ONLINE PROGRAM.

OPENING GENERAL SESSION
The Science of Violent Behavior
Sunday, Oct. 25, 12 – 1:30 p.m.

MONDAY GENERAL SESSION
Policy-Mediated Violence: A Threat to Health
Monday, Oct. 26, 5 – 6:30 p.m.

CLOSING GENERAL SESSION
Moving Away From Hate — A Way Forward
Wednesday, Oct. 28, 2:30 - 4 p.m.

ONLINE PROGRAM
View a full listing of speakers, presenters, sessions and events at https://bit.ly/online-program-20
THE VIRTUAL MEETING IS NEW, NOT LESS

When you think about APHA’s Annual Meeting and Expo, a few things may come to mind like:

- Presenting or hearing from presenters about their research.
- Attending inspiring sessions led by exciting keynote speakers.
- Networking with public health professionals with similar interests and whose work you admire.
- Learning fresh ideas to incorporate into your work.
- Reigniting your enthusiasm and celebrating public health.

We’re happy to say that all of the things that make the Annual Meeting great will be present this year at the Virtual Meeting. We’re not just moving things online, we’re reinventing them to create an experience that is worthy of attendance.

NEW AND RECREATED SESSIONS AND EVENTS

**Education** – Attendees will have 700+ sessions to choose from, each with an opportunity for Q&A with the presenter or keynote speaker. All the sessions will be recorded and available on-demand so you no longer have to choose which sessions to attend. APHA is also covering the cost for your first CE discipline ($60 value).

**Engagement** – We’re challenging all attendees to meet five new people a day. We’re creating virtual spaces for attendees to meet and chat. Organizations will still host social hours for you to connect with alumni and friends. The robust Virtual Expo will put you screen-to-screen with hundreds of exhibitors that have fun giveaways and information on public health products and services.

**Fun** – APHA will get you moving at the APHA Dance Party, and with Wellness Center activities like yoga, dance and the Million Minutes Challenge. There will also be cool ways to learn public health information through the Film Festival and Social Media Lab. And, don’t miss the games taking place during session breaks.

JOIN APHA AND REGISTER NOW!

Members save $100 more than non-members on the cost of registration.
apha.org/meeting-registration
Essential Public Health Services updated

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**SERVICES,**  
Continued from Page 1

is at the root of ensuring optimal health for all.

“Now the challenge is for us all to make the revised framework ‘real’ — to use it to inform and guide our work,” said Paul Kuehnert, DNP, RN, president and CEO of the Public Health Accreditation Board, which helped lead the revision. “I urge everyone in the field to find their unique way to adopt and use the new framework so that we are all moving in the same direction and talking about the role and value of public health with clarity and consistency.”

In 1994, the Centers for Disease Control and Prevention asked the field to rethink — to develop a consensus on the field’s essential services. The resulting 10 Essential Public Health Services became the go-to framework for understanding the role of public health. It is used across the field, from health practice, education and accreditation to public health policy, research and funding.

But after 25 years of advances and changes in public health — not to mention society at large — it made sense to revisit one of the field’s foundational frameworks, said APHA member Katie Sellers, DrPH, CPH, vice president for impact at the de Beaumont Foundation, which led the revision process in partnership with PHAB’s Public Health National Center for Innovations. From the outset of the revision process, Sellers said it was clear that equity — which had become a core public health value and objective — was missing.

That message came through loud and clear from the field, from just about everyone we interacted with,” Sellers told The Nation’s Health. “It made it easy to know what to do.”

In many ways, Sellers said the newly revised framework is catching up to present-day public health, with language that more accurately reflects current practice and future needs.

For example, the first service originally said that public health systems should “monitor health status to identify and solve community health problems.” The new language, revised explicitly with equity in mind, calls on public health systems to “assess and monitor population health status, factors that influence health, and community needs and assets.” The only service that changed substantially was Service No. 10, which shifted from a focus on research to maintaining a strong public health infrastructure.

In the center of the new essential services wheel, “equity” replaces “research.” The new framework also includes clear language that the Essential Public Health Services “actively promote policies, systems and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination and other forms of oppression.”

APHA member Jessica Solomon Fisher, MCP, vice president for strategic initiatives at PHAB, said the equity-centered framework also recognizes the field’s shift from a focus on individual behaviors to a focus on the systems and environments that shape who has access to opportunities for health and longevity and who does not.

“Our hope is that the revised framework sheds light on how to approach public health work through an equity lens, though we know a lot of this work is already well underway,” Fisher told The Nation’s Health. “Much of the revision is really about making sure we’re all working from the same page.”

The PHAB Innovations center and de Beaumont Foundation launched the revision process in summer 2019, using a crowdsourced, field-driven process that included in-person and virtual town halls, public comment periods and guidance from a task force of public health leaders from across the discipline, including APHA Executive Director Georges Benjamin, MD. Thousands of comments from stakeholders working across the field — including public health workers, students, educators, researchers and advocates — were collected and considered.

Because so many public health agencies, organizations and standards already center and include equity, the new essentials framework will not likely change day-to-day work right away. But it will change how the framework is taught in the classroom.

“Focusing on equity isn’t new for public health,” said APHA member Donna Petersen, ScD, MHS, CPH, dean of the University of South Florida College of Public Health and a member of the revision task force. “But placing it at the center underscores that equity isn’t only the goal, it’s also the means.”

As a public health educator, Petersen said putting equity at the center of the 10 essential services is especially meaningful for her students, who often see racial equity in particular as a key lens for their future public health practice.

“Centering equity reminds us that we can’t do this work alone,” she told The Nation’s Health. “It gives us a new tool to engage other partners in the work of public health — which at the end of the day, is the only way we’ve ever been and will be successful.”

For more on the new 10 Essential Public Health Services, visit http://ephs.phnci.org/toolkit.

— Kim Krisberg

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**ESSENTIAL PUBLIC HEALTH SERVICE #1**  
Assess and monitor population health status, factors that influence health, and community needs and assets

**ESSENTIAL PUBLIC HEALTH SERVICE #2**  
Investigate, diagnose, and address health problems and hazards affecting the population

**ESSENTIAL PUBLIC HEALTH SERVICE #3**  
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

**ESSENTIAL PUBLIC HEALTH SERVICE #4**  
Strengthen, support, and mobilize communities and partnerships to improve health

**ESSENTIAL PUBLIC HEALTH SERVICE #5**  
Create, champion, and implement policies, plans, and laws that impact health

**ESSENTIAL PUBLIC HEALTH SERVICE #6**  
Utilize legal and regulatory actions designed to improve and protect the public’s health

**ESSENTIAL PUBLIC HEALTH SERVICE #7**  
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

**ESSENTIAL PUBLIC HEALTH SERVICE #8**  
Build and support a diverse and skilled public health workforce

**ESSENTIAL PUBLIC HEALTH SERVICE #9**  
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

**ESSENTIAL PUBLIC HEALTH SERVICE #10**  
Build and maintain a strong organizational infrastructure for public health
ON THE JOB
News for the public health profession

HHS greenlights US pharmacists to administer COVID-19 vaccinations

PHARMACISTS ACROSS the country will be able to administer COVID-19 vaccinations when they become available under new guidelines released by the U.S. Department of Health and Human Services Sept. 9.

Citing the U.S. Public Readiness and Emergency Preparedness Act, HHS authorized pharmacists or supervised care providers to provide COVID-19 vaccinations to people ages 5 or older.

To qualify for use by pharmacists, COVID-19 vaccines must be authorized by the U.S. Food and Drug Administration. Licensed pharmacists must also complete a training program and adhere to other protocols set by the federal government, the guidance said.

"Allowing pharmacists to order and administer COVID-19 vaccines will greatly expand convenient access for the American people," said Brett Giroir, MD, U.S. assistant secretary for health, in a news release.

"Allowing pharmacists to order and administer COVID-19 vaccinations when they become available under new guidelines released by the U.S. Department of Health and Human Services Sept. 9.

The new HHS guidance spoke out against that move, however. The American Medical Association called for the amendment to be rescinded, saying that it will “cause children to forgo holistic well-child exams and comprehensive preventive care.”

U.S. pharmacists have long provided immunizations, so allowing them to provide COVID-19 vaccinations makes sense, according to Hoai-An Truong, PharmD, MPH, FNAP, director of the School of Pharmacy and Health Professions at the University of Maryland Eastern Shore.

There are over 88,000 pharmacies in the U.S. Vaccine hesitancy remains a concern, however. In a September Pew Research Center poll, only 51% of Americans said they would receive a free, FDA-approved COVID-19 vaccine if it were available then. That rate was higher earlier this summer, but fell in line with concerns that the U.S. president and his administration were working to speed up vaccine development for political gain.

Truong, chair of APhA’s Pharmacy Section, said pharmacists are skilled in addressing vaccine hesitancy and are also well versed in health promotion, disease prevention and immunizations.

“Pharmacists serve as advocates and educators to provide accurate and reliable education and information that help patients overcome hesitancy to improve the public’s health,” Truong told The Nation’s Health.

For more information on the guidance, visit www.hhs.gov.

— Mark Barna

ON THE JOB IN BRIEF

Many US health workers uninsured

Nearly 600,000 U.S. health workers, many of them at high risk for coronavirus, are uninsured, according to new research.

Released in September by ValuePenguin, which studies consumer data, and based on data from 2018 American Community Survey, the analysis found that personal care aides, nursing assistants and registered nurses make up the highest proportion of uninsured health care workers. Millennial health workers were most likely to be uninsured, with 41% having no health coverage.

Texas leads the nation in uninsured health care workers, with more than 18% uninsured, followed by Oklahoma and Idaho. On average, the analysis found that a state in the U.S. South has an uninsured health care worker rate that is 4% higher than that of a Northern state. Iowa and Massachusetts had the greatest number of covered health care workers, with over 98% having some type of health insurance.

Personal care aides, who help people at home with their daily activities, made up the highest percentage of health care workers without health coverage. According to federal labor statistics, such aides typically make about $26,000 a year.

For more information, visit www.debeaumont.org.

Many workers face serious complications

Many U.S. essential workers have underlying health conditions that put them at higher risk of COVID-19 complications, with two groups of health workers — home health aides and nursing home workers — at particular risk, finds new research from the Centers for Disease Control and Prevention.

In a study published Sept. 11 in CDC’s Morbidity and Mortality Weekly Report, researchers examined prevalence of underlying health conditions among workers in six essential occupations and seven essential industries using data from the 2017 and 2018 Behavioral Risk Factor Surveillance System. Obesity and hypertension were the most common conditions in every essential worker group, while home health aides had the highest unadjusted prevalence estimate for every chronic condition except severe obesity.

Among nursing home workers, adjusted prevalence ratios for coronary heart disease, chronic obstructive pulmonary disorder, diabetes, hypertension, obesity and severe obesity were significantly elevated. Non-health care industries with high prevalence rates of more than one underlying condition included transit and trucking workers.

Hospital staff differ in COVID-19 risk

Despite their close contact with seriously ill patients, the risk of COVID-19 infection among hospital staff during the height of the pandemic was lowest among intensive care clinicians, a new study finds.

Published in September in Thorax, the study involved testing asymptomatic staff at a large hospital system in the United Kingdom for current and past infection with the coronavirus. Nearly 2.5% of staff with no symptoms tested positive for coronavirus, with 38% developing symptoms.

Hospital cleaners had the highest seroprevalence — or antibody positivity — followed by clinicians working in acute medicine or general internal medicine. The lowest seroprevalence was among staff working in intensive care, emergency medicine and general surgery, which researchers said could be related to their high-level personal protective equipment.

Black, Asian and other minority workers were nearly twice as likely to have been infected with coronavirus than their white peers, the study said.

— Kim Krisberg

Photo by Domepitipat, courtesy Stockphoto
Home health aides and nursing home staff often have conditions that put them at high risk for COVID-19 complications.

Photo by Heather Hazza, courtesy Self Magazine, via Flickr/Creative Commons
Pharmacists will be part of efforts to vaccinate millions of Americans against COVID-19.
3,000 US counties ranked on measures that support health of residents

RANKINGS, Continued from Page 1

and elected officials about policies and best practices to create healthy communities.

Coming in just behind Los Alamos County in the rankings was Douglas County, Colorado, and Falls Church, Virginia, which were the top-ranked communities in 2019 and 2018._rounding out the top five are Broomfield and Routt counties, both in Colorado. In fact, seven of the communities that ranked in the top 10 were in Colorado. All of the top counties scored above the national average in at least eight of 10 categories. For Pongratz, PhD, a retired scientist at Los Alamos National Laboratory who has served on the Los Alamos County Council, life is good in a place he has called home since 1975. Along with healthy air, low crime, top medical care, an engaged community and access to parks and recreation, the county has one of the lowest COVID-19 infection rates in the U.S.

“Two respect the guidance from the governor,” Pongratz told The Nation’s Health. “We wear our masks, we social distance and we avoid indoor crowds.”

The rankings, created in partnership with the University of Missouri Center for Applied Research and Engagement Systems, were based on data collected prior to the COVID-19 pandemic. To tie into the pandemic, U.S. News & World Report offers tools on its Healthiest Communities site for tracking COVID-19 case numbers, death rates, hospitalizations and unemployment in U.S. counties. Updates are made almost daily, allowing users to track progress or pinpoint problems. Health factors that create higher risk for COVID-19 complications, such as obesity and diabetes, are also closely tracked. Associations are made between community health and pandemic response.

First launched in 2018, Healthiest Communities is underwritten by the Acterna Foundation, the philanthropic arm of CVS Health. The initiative is part of a $100 million commitment by CVS Health and its affiliates to making community health and wellness a priority. Funding primarily goes to improve infrastructure, access to hospitals and mental health facilities, food security, public safety and other issues that impact social determinants of health.

“All of these things are linked,”Garth Graham, MD, MPH, vice president of community health and chief community health officer at CVS Health, told The Nation’s Health. “Most health does not occur in the doctor’s office, but in the community. Most of these communities are invested in issues outside the hospital.”

Population health is an important consideration in the Healthiest Communities rankings, and Los Alamos County scored high there too, with life expectancy at 83.5 years. The national average is 78.7 years. In addition, health insurance coverage rates are high. “We try to make the community the best it can be, and always improving,” Sara Scott, PhD, chair of the Los Alamos County Council, told The Nation’s Health.

“Most health does not occur in the doctor’s office, but in the community. Most of these communities are invested in issues outside the hospital.”

— Garth Graham

That has meant improving housing availability and affordability. A 2019 housing study for the county showed a shortfall of 1,600 apartments and houses for the population of 19,000, Scott said. Currently, 600 units are under construction, and another project is aimed at senior affordable housing.

Housing is also an issue of concern in Pitkin County, Colorado, which was ranked No. 7 in the Healthiest Communities rankings. Situated in the Rocky Mountains, the county, which includes Aspen, has ample recreational opportunities and a healthy population. A 2014 study in the Journal of the American Medical Association found that average life expectancy in Pitkin was 86.5 years, the second highest in the country at the time. Its health care services have also performed well during the COVID-19 outbreak. The Pitkin County Public Health Department added additional staff and in May enforced a strict mask ordinance, said Karen Koenenmann, MS, the county public health director.

But as with Los Alamos County, Pitkin does not have a lot of affordable housing. Assessments are being conducted to create better affordability, and programs for rental and mortgage assistance are in place, which has helped people who lost jobs during the pandemic.

“There is a lot of desire to help others and to really provide the financial resources,” Koenenmann told The Nation’s Health.

While Pitkin County is over 90% white, Loudoun County, Virginia, ranks among the fastest growing Hispanic and Asian populations.

Supporting those groups has been a priority for the county, such as by making culturally appropriate, healthy foods more available and affordable, said David Goodyear, MD, MPH, director of the Loudoun County Health Department.

“It is always an ongoing challenge to best meet the need for nutritious, low-cost options for all of our different populations, particularly for our Latinx population, where supermarkets may be a little farther away and where public transportation is not as comprehensive,” Goodyear told The Nation’s Health.

Sixteen percent of Loudoun County is Hispanic, but the population makes up 46% of COVID-19 hospitalizations, Goodyear said. Reaching the population for mitigation education has been a priority of the health department. Forming partnerships with local health and Hispanic organizations has helped.

Addressing public health issues due to changing circumstances and demographics has been important in Loudoun County’s overall success, Goodyear said.

“Because we are a county that is quickly growing and diversifying, it has been important to be flexible to accommodate (the growing population) in a way that allows folks to continue to do those steps to keep themselves healthy, but also be flexible as needs change,” he said.

For more on the Healthiest Communities program, visit www.usnews.com/healthiestcommunities.

— Mark Barna

Top 10 healthiest communities overall
Los Alamos County, New Mexico
Douglas County, Colorado
Falls Church, Virginia
Broomfield County, Colorado
Routt County, Colorado
Loudoun County, Virginia
Pitkin County, Colorado
Carver County, Minnesota
Summit County, Colorado
San Miguel County, Colorado

Top communities for good health outcomes
San Juan County, Washington
Marin County, California
Carver County, Minnesota
Cedar County, Nebraska
Winneshiek County, Iowa

Top communities for access to health care
Olmosdale County, Minnesota
Suffolk County, Massachusetts
Johnson County, Iowa
Perry County, Kentucky
Washington, D.C.

Top communities for mental health
Hilo County, Hawaii
Tipp County, South Dakota
Pembina County, North Dakota
Sutton County, Texas
Hartley County, Texas

People drive though Friday Harbor, Washington, in 2011. San Juan County was named a top community for good health outcomes.

Photo by Jessica Rinaldi, courtesy The Boston Globe/Getty Images

Exercises dance during an outdoor workout class in Boston in 2017. Suffolk County, Massachusetts, home to Boston, was named one of the top five communities for access to health care in the latest Healthiest Communities rankings.

Photo by Mitchell Golden, courtesy The Boston Globe/Getty Images

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For more on the Healthiest Communities program, visit www.usnews.com/healthiestcommunities.

— Mark Barna
Visit APHA Press at the Public Health Expo during the Virtual Annual Meeting!

Purchase APHA Books, face masks and T-shirts

Schedule of Events (all times are Mountain Time Zone). To attend these events, visit the Virtual APHA Press booth (Booth 530B).

SUNDAY, OCT. 25, 2 PM
CCDM Trilogy: Featuring David Heymann, MD; Omar Khan, MD; and Burton Wilcke, PhD
- Control of Communicable Diseases Manual 20th Edition
- Control of Communicable Diseases: Clinical Practice
- Control of Communicable Diseases: Laboratory Practice

SUNDAY, OCT. 25, 3 PM
Gun Violence Prevention: A Public Health Approach
Featuring: Linda C. Degutis, DrPH, MSN and Howard R. Spivak, MD

SUNDAY, OCT. 25, 4 PM
Racism: Science and Tools for the Public Health Professional
Featuring: Chandra L. Ford, PhD; Derek M. Griffith, PhD; Marino A. Bruce, PhD; and Keon L. Gilbert, DrPH

TUESDAY, OCT. 27, 12 PM
Advocacy for Public Health Policy Change: An Urgent Imperative
Harry M. Snyder, JD, and Anthony B. Iton, MD, JD, MPH

For more information contact David Hartogs at david.hartogs@apha.org
Health insurance coverage rates dropping

INSURANCE, Continued from Page 1

Families USA.

But even before the pandemic and resulting economic crisis, health insurance coverage was falling in the U.S. New data released in September by the U.S. Census Bureau showed that in 2019, 9.2% of people — or 29.6 million — were not covered by health insurance at the time they were interviewed for the American Community Survey. The rate is an increase from 2018, when 8.9% of people were uninsured, according to the survey.

“We were drifting in a bad direction before the pandemic hit, and now we have had a real shock to our system,” Katherine Hempstead, PhD, RWJF senior policy adviser, told The Nation’s Health. “It’s shown a lot of vulnerabilities in our safety net.”

Last year, health insurance coverage increased in only one state, Virginia, which expanded Medicaid eligibility, and decreased in 19 others. Nationwide, Medicaid enrollment fell by almost one percentage point to 17.2%.

This is the time we should be bolstering our social safety nets,” Benjamin Sommers, MD, PhD, health care economics professor at Harvard T.H. Chan School of Public Health, told The Nation’s Health. “Instead we’re seeing the erosion of hard-fought gains.”

Texas had the highest state uninsurance rate in 2019, with 18.4% of residents lacking coverage, followed by Oklahoma at 14.3%, Georgia at 13.4% and Florida at 13.2%. At the other end of the spectrum, only 3% of people in Rhode Island, Massachusetts lacked insurance in 2019, as did 3.5% of people in Washington, D.C., and 4.1% in California.

According to the September census report, “Health Insurance Coverage in the United States: 2019,” almost 1 in 4 young adults ages 19 to 34 were uninsured in 2019, as were 5.7% of children under age 19.

Hispanics had the highest rate of uninsurance in 2019, at nearly 17%. That trend continued into the pandemic this year, when more than half of the people who lost their employer-sponsored insurance were Hispanic.

The consequences of not having insurance can be dire. According to a 2019 survey from the Kaiser Family Foundation, people who are uninsured are much more likely to have not visited a doctor or other health professional or clinic in the past year. They are also less likely to seek recommended preventive care, such as tests that can detect cancer or other serious diseases.

To prevent more health insurance loss in coming months, advocates are calling for interventions to protect the nation’s health.

“Right now, it is shocking that no COVID-19 legislation signed into law has yet taken major steps to protect comprehensive health insurance coverage,” Stan Dorn, director of the National Center for Coverage Innovation and senior fellow at Families USA, told The Nation’s Health. “The COVID-19 economic crash reminds us, once again, of the price we pay as a country for relying on employers for health insurance.”

The drop in U.S. insurance coverage last year came even as poverty fell, the census found. The official poverty rate in 2019 was 10.5%, a drop of 1.3 percentage points from 11.8% in 2018.

While health insurance coverage had been steadily growing since the Affordable Care Act was passed, those gains have eroded under the Trump administration, which has worked to undermine and dismantle the law and continues to challenge it in court. According to a Sept. 30 brief from the National Center for Health Statistics, almost three-fourth of adults who did not have insurance in 2019 said it was because it was not affordable for them.

Because of the ACA, many people who became unemployed during the pandemic this year were able to switch from employer-sponsored insurance to other options. The ACA was able to offer some protection against the surge of joblessness caused by the pandemic, according to an August study in the New England Journal of Medicine.

The study found that post-ACA implementation, the likelihood of having insurance after a job loss was increased by six percentage points.

“It presented a pathway to coverage (for people who lost their employer-sponsored insurance) in states with expanded Medicaid,” said Sommers, who is a study author, “It cushioned the blow, but there are pretty big gaps.”

The complete picture of how the pandemic worsened access to affordable care and health outcomes may not be known for some time, though they may be lasting.

“The damage to the economy and joblessness was rapid — but that doesn’t mean recovery will be equally as rapid,” Sommers said.

For more information, visit www.census.gov.

— Aaron Warnick

Photo by Jessica Christian, courtesy The San Francisco Chronicle/Getty Images

Carlos Ramirez, MD, examines Juan Perez in Oakland, California, in May at his clinic for people who lack insurance. Many people who have lost job-based coverage this year are Hispanic.
Health Findings
The latest public health studies and research

Fewer ICU beds in poorer communities
Even before the COVID-19 pandemic, low-income communities had significantly fewer intensive care unit beds than wealthier communities, a new study finds.

Published in August in Health Affairs, the study used 2017 and 2018 data from the Centers for Medicare and Medicaid Services, as well as data from the American Community Survey, to examine disparities in ICU beds by household income in every state. They found that 49% of the lowest-income communities had zero ICU beds, while only 3% of the highest-income communities had no ICU beds. Disparities between the two groups were more severe in rural areas than in urban ones.

About 46% of the lowest-income hospital service areas had an ICU bed supply of more than four beds per 10,000 residents ages 50 or older. In comparison, 59% of the highest-income hospital service areas had an ICU bed supply of more than four per 10,000 people ages 50 and older.

“As the COVID-19 pandemic progresses, coordinated policy responses are urgently needed to prevent preexisting socioeconomic disparities from exacerbating the harms already being done by COVID-19,” the authors wrote.

Awareness of high blood pressure falls
After years of progress, Americans’ awareness of high blood pressure and how to manage and treat it is on the decline, according to a recent study. About 108 million Americans are estimated to have high blood pressure.

18,000 U.S. adults with high blood pressure participating in the National Health and Nutrition Examination Survey between 1999 and 2018. They found that in 1999-2000, 70% of participants showed an awareness of their condition, with that number steadily rising to 85% in 2013-2014 and then decreasing to 77% in 2017-2018.

Among the adults aware of their high blood pressure, those who were also taking medication for it remained relatively stable between the three time periods. Of all the adults with high blood pressure, the number who had the condition under control went from 32% in 1999-2000 to 54% in 2013-2014 and back down to 44% in 2017-2018.

According to the Centers for Disease Control and Prevention, almost 108 million Americans have high blood pressure or are taking medication for it, but only 27 million have it under control.

Food desert program improves nutrition
Programs that support healthy food retailers in communities with little access to nutritious, fresh food can improve the diets of local residents, according to a study published in August in Health Affairs. Researchers studied the impact of the federal Healthy Food Financing Initiative, which provides funding to incentivize healthy food retail outlets in areas considered food deserts. In particular, the study examined the impact of a new, initiative-financed supermarket on residents in Pittsburgh’s Hill District neighborhood, which had lacked a full-service market.

They found that after the new supermarket opened, food security improved and added sugar intake decreased among local residents enrolled in the Supplemental Nutrition Assistance Program. During the same time period, about 46% of the lowest-income hospital service areas had an ICU bed supply of more than four beds per 10,000 residents ages 50 or older. In comparison, 59% of the highest-income hospital service areas had an ICU bed supply of more than four per 10,000 people ages 50 and older.

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Not your usual virtual meeting: APHA 2020 delivers more for attendees

APHA 2020, Continued from Page 1

dees tuning in from the U.S. and 37 other countries. And networking and other social opportunities will be available with just a few clicks on an electronic device.

“This year’s meeting will be new for everyone, but it will still include all of the big experiences — like science and networking — that are a hallmark of APHA events,” Angelica Walker, APHA’s marketing manager for convention services, told The Nation’s Health.

While transferring scientific presentations to an online platform was a relatively straightforward move, shifting engagement was more of a challenge — which was where innovation came in. APHA’s conventions team spent months exploring best practices and technologies, developing a strategy that will deliver interaction throughout the meeting.

For example, during scientific sessions, attendees will be able to communicate via chat, and each event will have a live question-and-answer period. When watching on demand, participants can leave questions, which will “ping” presenters so they can respond. The interaction will continue after sessions through Geeks Meet events, where attendees can join together over video to talk about major health topics.

Other engagement opportunities include speed networking, which will match up people via video and allow them to talk in real-time, and a live public health tweetup sponsored by the de Beaumont Foundation.

“I am optimistic that the real-time engagement from folks across the world will also lead to the development of new connections, deepen established connections, and that participants will have a great time doing so,” Chris Chanyasulkit, PhD, MPH, an APHA member and chair of the Association’s Executive Board, told The Nation’s Health. “I’ve always thought of the Annual Meeting as a public health party, and I’m looking forward to the biggest party of the year.”

People who want to relax between events can take part in eco-art projects, public health trivia and bingo sessions, and wellness activities such as yoga and Zumba. New to the Annual Meeting Wellness Center this year is an adaptive sports session on ice skating. Adaptive sports are inclusive and serve as a way for people with disabilities or who are just starting exercise to improve their health, according to Mackenzie Jones, MPH, an APHA member and education specialist at the Montana Department of Public Health and Resources.

“It’s important that people see that they are capable of health and wellness,” Jones, an organizer of the Wellness Center, told The Nation’s Health.

For even more fun exercise, APHA will also be hosting a DJ-led virtual dance party during the meeting, and “living-room dancing with family and roommates is encouraged,” Walker said.

APHA 2020 participants will also be active throughout the meeting on social media. Attendees are encouraged to live-tweet events and share their thoughts on their favorite sessions and what they have learned using the official #APHA2020 hashtag. Registration is now open for the APHA Annual Meeting Social Media Lab, which will offer one-on-one consultations with social media experts and host educational sessions about how to incorporate social media into public health work. In October, experts from lab partner JSI Inc. will be sharing tips on how to get the most out of virtual meetings, including tips specific to APHA 2020.

Science at heart of APHA meeting

As always, science will take center stage at the Annual Meeting. APHA 2020’s theme is “Creating the Healthiest Nation: Violence Prevention,” a timely focus given the growing focus on police violence and racial injustice. Theme-related sessions will cover topics such as intimate partner violence, suicides, firearm policies and homicide.

Rachel Davis, MSW, executive director of the Prevention Institute, said she is excited to attend APHA 2020 to learn more about community-driven violence prevention programs. She will also be presenting on the topic.

“I look forward to APHA’s annual conference every year,” Davis, an APHA member, told The Nation’s Health. “Being virtual this year, it’s an opportunity for so many more people to be engaged in the content. Sometimes the travel costs associated with this meeting present a barrier and that’s not an issue this year.”

Participants who tune in on Sunday, Oct. 25, for the opening session will hear from Shankar Vedantam and Bryan Stevenson, JD. Vedantam is the host of the popular NPR podcast and radio show “Hidden Brain,” which explores the ways unconscious biases affect the decisions people make. Stevenson — an acclaimed public interest lawyer — is the founder and executive director of the Equal Justice Initiative, a human rights organization in Montgomery, Alabama. His work to reexamine the convictions of prisoners on death row
and free those who were wrongly convicted was the focus of “Just Mercy,” a book and 2019 movie. For the first time, APHA Annual Meeting sessions and presentations can be viewed on demand 24 to 72 hours after each live event. Attendees such as Aaron Guest, PhD, an assistant professor of aging in the Edson College of Nursing and Health Innovation at Arizona State University, say they are looking forward to the ability to get even more from the meeting. “With the meeting being virtual, I am excited to be able to enjoy it from the comfort of my home and to be able to attend more sessions over the course of the following year,” Guest told The Nation’s Health.

With COVID-19 such a major focus for public health — and for the world — this year, the topic will be discussed in depth — this year, the topic will be discussed in depth. Speakers will examine the unequal impact of the pandemic on minority populations, including adverse health outcomes stemming from institutionalized racism and interpersonal discrimination. “Over the years, our sessions have emphasized the impact of health and social conditions and policies on racial and ethnic minorities and other vulnerable populations,” Allen, an APHA member, told The Nation’s Health. “This session reflects our longstanding commitment to address contemporary public health issues from the perspective of social justice and equity.” While the Annual Meeting’s kickoff is Oct. 24, advance events begin Oct. 19. Participants can get a jump start on poster sessions — which have pre-recorded presentations and a discussion board — to leave questions and comments on posters. Short films from the Film Festival can also be accessed beginning Oct. 19.

Also available ahead of time is the Public Health Expo. The virtual exhibit hall will host more than 250 exhibitors who will be sharing information on public health publications, opportunities and products. Attendees can set up appointments with exhibitors through the online platform for one-on-one discussions and enter to win expo giveaways. Attendees can also take part in an APHA Play expo scavenger hunt to win even more prizes. APHA 2020 participants can also bring home continuing education credits from the meeting. This year, attendees can earn a number of CE credits for free. APHA’s conventions team is using the best technology and practices available to host the meeting, and a technical command center is ready to quickly solve any issue. The result is a virtual platform that makes content easy for participants to navigate and share as well as to interact, according to Anna Keller, APHA director of convention services. “We can’t wait until we can open our virtual doors and bring the public health community together again,” Keller told The Nation’s Health.

For more information and to register for the APHA Annual Meeting, visit www.apha.org/annual-meeting.

— Mark Barna

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**Learn About Healthy People 2030!**

Want to learn about the latest iteration of the Healthy People initiative? Check out these sessions at the all-virtual APHA 2020 Annual Meeting and Expo!

**Sunday, October 25**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30 to 3:00 p.m. MT</td>
<td>Healthy People 2030 Overview Session 2007.0</td>
</tr>
<tr>
<td>5:30 to 6:00 p.m. MT</td>
<td>Healthy People 2030 Implementation and Resources Session 2007.0</td>
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</tbody>
</table>

* Sunday sessions are part of a half-day Learning Institute, “Healthy People 2030 and Violence Prevention: Analyzing the Data.”

**Monday, October 26**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:30 a.m. to noon MT</td>
<td>Transitioning to a New Decade: Assessing Healthy People 2020 and Launching Healthy People 2030 (APHA-sponsored session) Session 3093.0</td>
</tr>
<tr>
<td>1:00 to 1:15 p.m. MT</td>
<td>Law and Policy as Tools to Reach Healthy People Goals and Address the Social Determinants of Health Session 5117.0</td>
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</table>

**Wednesday, October 28**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:30 a.m.</td>
<td>Law and Policy as Tools to Reach Healthy People Goals and Address the Social Determinants of Health Session 5117.0</td>
</tr>
</tbody>
</table>

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For example, a Monday session co-moderated by former APHA President Carol Easley Allen, PhD, RN, will explore the outbreak through the lens of injustice. This presentation will reflect our longstanding commitment to address contemporary public health issues from the perspective of social justice and equity.

APHA 2020 participants can also bring home continuing education credits from the meeting. This year, attendees can earn a number of CE credits for free. APHA’s conventions team is using the best technology and practices available to host the meeting, and a technical command center is ready to quickly solve any issue. The result is a virtual platform that makes content easy for participants to navigate and share as well as to interact, according to Anna Keller, APHA director of convention services.

“This session reflects our longstanding commitment to address contemporary public health issues from the perspective of social justice and equity.” While the Annual Meeting’s kickoff is Oct. 24, advance events begin Oct. 19. Participants can get a jump start on poster sessions — which have pre-recorded presentations and a discussion board — to leave questions and comments on posters.
US to withdraw from climate accord Nov. 4

CLIMATE, Continued from Page 1

moving, intense storms are on the way, fueled by warming temperatures from climate change.

“We have talked a lot about policy,” Miller, PhD, chair of APHA’s Environment Section, told The Nation’s Health. “But this is about people’s lives and well-being. We sometimes can think of the environment as if it’s somehow separate from us. This is our home.”

Under the Trump administration, the U.S. has reversed numerous environmental policies aimed to reduce the harms of climate change. The nation’s formal withdrawal from the Paris climate agreement this November will be another big blow to progress.

The 2015 agreement, which involves almost all of the world’s nations, strengthens global commitments to fight climate change. Countries are working to keep the global temperature rise below 2 degrees Celsius above pre-industrial levels. The world is already on pace to fail at limiting a global temperature increase of 1.5 degrees Celsius, a stricter goal of the agreement. Researchers predict there is a 25% chance that threshold will be crossed by 2025.

America’s decision to exit the Paris agreement is a mistake on several levels, according to Peter Orris, MD, MPH, who was in Paris for the 2015 agreement signing.

“The U.S., as a global economic leader moving toward renewable energy, sets a vital example that the rest of the world,” he told The Nation’s Health. “And our exit from the agreement and adopting anti-science policies sets a greatly awry example for other countries to do the same.”

Rising global temperatures are already contribut- ing to extreme weather, such as worsening hurricanes and droughts. People in low-income and minority communities are being disproportionately harmed by those effects.

“It’s important that we recognize the synergism that worsening climate change has on health, espe-

In Perdido Key, Florida, in September, Christine Cortazar looks at an apartment damaged by Hurricane Sally. As climate change worsens storms, the U.S. is backing off measures to combat it.

pecially recognizing the disproportionate impact on Black and brown communities,” he said.

In practice, the U.S. government has been ignoring the obligations of the Paris agreement since the 2017 withdrawal announcement. But the formal Nov. 4 exit still matters, Miller said.

“The fight against (environmental) progress has really felt like a death by 1,000 cuts,” Miller said.

“Every time you turn around, something else is being taken apart. But the withdrawal from the Paris agreement is a massive, visible and highly damaging blow.”

The U.S. government’s failure to lead on climate change influences how local and state policymakers approach the issue. Some are creating their own responses, said Surili Patel, MS, director of APHA’s Center for Climate, Health and Equity.

“Many city, county and state governments have admirably carried on, trying to hit emissions targets, but without national goals and regulations, we’re left with a scatter-shot approach that’s going to leave us coming up short,” Patel told The Nation’s Health.

A coalition of U.S. leaders — We Are Still In — has tried to fill the gap. The group was created after the U.S. announced its departure from the Paris agreement, allowing supporters to work together. A joint declaration of support was signed by nearly 4,000 leaders, including mayors, county executives and CEOs.

We Are Still In has made environmental pledges at international summits in the U.S. government’s absence, but the nation’s formal exit will sideline America’s role in the fight against climate change, Miller said.

“Local leadership can only take us so far without federal guidance, and individual action is a must — specifically exercising the right to vote,” Patel said.

Most people in the U.S. recognize that climate change is affecting their communities, according to a June Pew Research Center poll. People living near coasts — where storms and wildfires this year have devastated communities — are more likely to acknowledge the reality of climate change, regardless of political affiliation.

“The shining light in this darkness is that we have established a broad agreement among leaders and the general public that climate change is real, it’s getting worse and it is past time to transition to renew-

able energy sources,” Orris said. “But we need federal leadership.”

If politics change and the U.S. decides to rejoin the Paris climate agreement, it can do so easily. It could apply for readmission and be formally reentered within 30 days. For more, visit www.wearestillin.com.

— Aaron Warnick

November/December 2020

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Workers feel burned out from pandemic

COVID-19 deaths shorten life span

COVID-19 is expected to shorten U.S. life expectancy, which has already been on the decline in recent years. In a study published in August in the Proceedings of the National Academy of Sciences, researchers found that based on estimates of 250,000 COVID-19 deaths by the end of this year, the coronavirus is likely to shorten the average U.S. lifespan for 2020 by one year. One million COVID-19 deaths in 2020 would have shortenned the U.S. life expectancy average by three years. Two million deaths would have reduced it by five years.

As of 2018, the average U.S. life expectancy was 81.2 years for women and 76.2 years for men.

— Kim Krisberg

Food insecurity tied to child obesity risk

Infants with very low food security tend to weigh more than those in households with high food security, a new study finds.

Published in August in Pediatrics, the study is based on interviews with mothers of almost 700 babies in North Carolina over the baby’s first year of life.

They found that when mothers reported very low food security — or not having access to adequate nutrition — their babies were more likely to have above-average body mass indices and higher fat levels, which could put the children at higher risk for obesity.

Researchers said the reasons for the association between high food insecurity and obesity risk are not yet fully understood, but could be related to poor nutrition and overfeeding.”

Another possibility may be related to infant feeding practices,” said study co-author Sara Benjamin-Neelon, PhD, JD, a professor at the Johns Hopkins Bloomberg School of Public Health, in a news release. “Mothers wanting to make sure their infants are fed enough could be overfeeding or feeding in a way that overrides infant fullness cues like propping a bottle or encouraging infants to finish the bottle.”

Health findings, continued from page 15

Both metrics remained unchanged in a nearby neighborhood with similar characteristics but without a new supermarket. Study participants in Hill District also got fewer of their daily calories from solid fats and alcoholic drinks. Researchers said the findings suggest that efforts to combine both programs — SNAP and the Healthy Food Financing Initiative — could have greater positive outcomes than SNAP assistance alone.

Pandemic fuels worker burnout

More than half of U.S. workers report being burned out, up from 45% in the early days of the COVID-19 pandemic, finds recent survey results.

According to the COVID-19 Employee Burnout Survey, conducted by Eagle Hill Consulting, 58% of U.S. employees are burned out. The findings are based on two online surveys conducted in April and August that each included random samples of more than 1,000 employees across the country. The survey found that 47% attributed burnout to their workload, 39% said it was due to balancing work and personal life, and 37% said the burnout stemmed from a lack of communication, feedback and support.

Thirty percent of survey respondents attributed burnout to time pressures and a lack of clarity around expectations, while more than 25% pointed to performance expectations.

Body cameras do not deter police force

Body cameras do not seem to deter arrests or police use of force, a new study finds.

The study — a systematic review of evidence from 30 studies on the impacts of body-worn cameras on the behavior of police officers and the people they serve — found the cameras have no clear or consistent effect on a number of police behaviors, including use of force and arrests made.

The study, published in September in Campbell Systematic Reviews, also found the cameras had no significant effect on people’s calls to police or on resisting or assaulting an officer. Researchers found that restricting officers’ discretion in turning their cameras on and off may reduce use of force, though more research is needed. They also found that body cameras may reduce the number of public complaints against police officers, though researchers said it is not fully clear why complaints decreased.

“For the police agencies that have already purchased body-worn cameras, researchers should continue testing for ways in which both police and citizens might gain benefits from the cameras’ continued use,” said study lead author Cynthia Lum, PhD, a professor of criminology, law and society at George Mason University, in a news release.

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— Kim Krisberg
University of South Carolina  
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The Department of Health Services Policy and Management (HSPM), Arnold School of Public Health, University of South Carolina seeks qualified candidates for a tenure-track Assistant or Associate Professor position, due to begin in January 2021.

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**Qualifications:** A record of original research, evidence of quality teaching, and an earned doctoral degree (e.g., PhD) in health services research, health policy, health care administration/management, health information systems or related fields are required. Applicants seeking appointment at the Associate Professor level must have at least 5 years of prior experience in a faculty position by the beginning date of employment (including at least 12 months of experience as a lead instructor of graduate-level courses) in addition to record of extramural grant funding as a Principal Investigator and publication of peer-reviewed original research. Applicants at the Assistant Professor level must have at least 9 months of experience by the beginning date of employment in faculty, post-doctoral fellow or similar research or teaching position with potential for extramural grant funding and record of grant-seeking and publication of peer-reviewed original research. Candidates with academic preparation and/or research interest and experience in health care financing, health economics, or health policy are particularly encouraged to apply.

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**Salary:** Commensurate with experience.

**How to apply:** Applications require: 1) letter of application; 2) curriculum vitae; 3) research statement; 4) teaching statement; and 5) contact information for three references. Submit your application at the following link (http://uscjobs.sc.edu/postings/86036). If you have questions please contact John Brooks, Ph.D., Search Committee Chair at (johnbrooks@sc.edu). Review of applications will begin on August 20, 2020 and will continue until the position is filled. Due to COVID-19 measures and restrictions, short-listed candidates may have to visit the campus virtually, depending on University and local updated policies at the time. The anticipated start date is January 02, 2021; however, the search will continue until the position is filled.

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Suicide up among kids, young adults

Suicides among children and young adults in the U.S. were rising even before the pandemic, according to data from the Centers for Disease Control and Prevention.

Published in September in the agency’s National Vital Statistics Report, the grim numbers are based on data from death certificates from every state and Washington, D.C., among people ages 10 to 24 from 2000 to 2018.

Researchers found that the suicide rate was relatively stable from 2000 to 2007, increasing more than 57% from 6.8 per 100,000 people in 2007 to 10.7 per 100,000 in 2018.

Between 2007-2009 and 2016-2018, suicide rates among youth went up significantly in 42 states, ranging from an increase of nearly 22% in Maryland to more than double in New Hampshire. In 2016-2018, suicide rates were highest in Alaska.

Other states with high rates included Montana, New Mexico, South Dakota and Wyoming, while many of the lowest rates were in the Northeast, such as in New Jersey, New York and Rhode Island.

For more information, visit www.cdc.gov/nchs.

Tobacco campaign helped 1 million quit

More than 1 million U.S. adults have quit smoking thanks to the Centers for Disease Control and Prevention’s Tips From Former Smokers campaign, which shares hard-hitting stories from real people with smoking-related diseases and disabilities.

In a study published in August in CDC’s Preventing Chronic Disease, researchers found that the campaign led to more than 1 million adults quitting and about 16.4 million adults attempting to quit between 2012 and 2018. The study is based on surveys of U.S. adults who smoked cigarettes from 2012 to 2018, as well as their exposure to the CDC campaign.

Cigarettes kill more than 480,000 Americans every year and remain the country’s leading cause of preventable death.

“The tips campaign effectively highlights the real-life consequences of smoking in a way that statistics cannot,” said CDC Director Robert Redfield, MD, in a news release. “Personal stories from former smokers about the impact smoking has had on their lives have served an important role in helping others to quit.”

— Kim Krisberg

Over half of Hispanics in the U.S. have struggled financially during this year’s coronavirus pandemic, a study says.

Photo by FG Trade, courtesy iStockphoto

their white peers, according to new survey findings from the Commonwealth Fund.

Of the more than 1,200 U.S. residents included in the multinational survey, more than half of Hispanic and nearly half of Black survey respondents said they had struggled economically during the pandemic and were unable to pay for basic necessities, had depleted their savings or borrowed money. Only 21% of white respondents said the same.

The survey results, released in September, also found that Black and Hispanic residents, as well as women, faced greater mental health risks than their white and male counterparts. Thirty-nine percent of women reported mental health concerns such as stress and anxiety, versus 26% of men. And 44% of Hispanics and 39% of Blacks reported such concerns, compared to 29% of whites. Forty-four percent of people living on lower incomes reported mental health concerns, versus 26% of those with higher incomes.

For more information, visit www.commonwealthfund.org.

For more information, visit www.cdc.gov/nchs.

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apha.org/annualmeeting

APHA 2021 Call for Abstracts
Creating the Healthiest Nation:
Strengthening Social Cohesion and Connectedness

Share your research and findings!
In memoriam
Levine, community psychologist
APHA member Murray Levine, PhD, died in May. He was 92.

A leader in the field of community psychology, Murray was a faculty member at the University of Buffalo from 1968 until 2000 and served as co-director of the university’s Research Center for Children and Youth, now known as the Center for Children and Families.

At the time of his death, he was a distinguished service professor emeritus of psychology at the State University of New York.

In the mid-1960s, Levine co-authored “Psychology in Community Settings,” which is considered a landmark text in the field of community psychology, a discipline that examines the environmental forces, systems and institutions impacting people’s well-being.

In 1994, Levine was appointed to serve on the U.S. Advisory Board on Child Abuse and Neglect, and in 1997, he received the American Psychological Association’s Seymour B. Sarason Award for Community Research and Action.

Over his career, Levine authored eight books and more than 200 articles and book chapters, writing extensively on legal issues related to child abuse, co-authoring “Helping Children: A Social History,” which chronicled child welfare services in the U.S.

Rose, autoimmune disease researcher
APHA member Noel Rose, MD, PhD, died in July at his home in Brookline, Massachusetts. He was 92.

Rose was a longtime faculty member and researcher at the Johns Hopkins Bloomberg School of Public Health and is considered a pioneer in autoimmune disease research. In 1956, while at the University of Buffalo, Rose’s research on autoimmune disease led to the creation of a new class of disease and paved the way for new treatments and cures.

Prior to joining Johns Hopkins in 1982, Rose served on the faculty at the Buffalo School of Medicine from 1951 to 1973; from 1973 to 1982, he was a professor and chair of the Department of Immunology and Microbiology at Wayne State University School of Medicine in Detroit.

Among his roles at Johns Hopkins, Rose served as chair of what was then the Department of Immunology and Infectious Diseases, and founded and directed the Johns Hopkins Center for Autoimmune Disease Research.

Outside of academia, Rose served as director of the World Health Organization’s Collaborating Center for Autoimmune Disorders and chair of the Autoimmune Diseases Coordinating Committee at the National Institutes of Health.

Seagle, public health environment engineer
Edgar Seagle, DrPH, an APHA member for more than 60 years, died in July in Maryland.

Seagle had a long career in public health, including serving in the Commissioned Corps of the U.S. Public Health Service. Following multiple assignments with the USPHS, Seagle, a public health engineer, joined the Maryland Department of the Environment in 1985. After retiring from the agency, he worked as an independent environmental engineering consultant in Rockville, Maryland. In all, he spent 55 years working in the public health field.

Seagle was a diplomat of the American Academy of Environmental Engineers and Scientists. He received a Commendation Medal from the USPHS for his exceptional service.

A veteran of World War II, Seagle served in the U.S. Navy from 1943 to 1946 and is listed in several “Who’s Who” compilations.

— Kim Krisberg
Parents: It’s time to talk to your kids about e-cigarettes

By Aaron Warnick

Keeping up with the latest thing isn’t always easy. But if you’re a parent or guardian and you’re not up to speed on electronic cigarettes, you’re a little late on your homework. You may have heard the word “vaping” without fully understanding what it means, but you can be sure your kids do.

Decades of science and education have dramatically reduced the number of people who smoke regular cigarettes, youth included. But e-cigarettes have done a lot of damage in the fight against addiction.

E-cigarettes are battery-powered devices that contain a mix of liquid chemicals, often containing nicotine and other harmful substances. The liquid, which is stored in a tank or disposable cartridge, is heated so it turns into vapor. That vapor is breathed into the lungs and then exhaled, much like a cigarette.

Consumers need to be at least age 21 to buy e-cigarette products. Despite that, millions of children and teens still acquire and smoke them. Federal health leaders have called the problem a new epidemic, calling on parents and guardians to be the first line of defense.

“As much as they think their child is different, there is no way to predict which child or adolescent will begin trying, using e-cigarettes,” says Albert Rizzo, MD, FACP, FCCP, chief medical officer at the American Lung Association.

Without the obvious warning signs of cigarette use, such as tobacco smells on clothing or cigarette lighters lying around, it can be hard to tell that your child is using e-cigarettes.

Rizzo says that parents should look for unusual or unfamiliar items that could be parts of e-cigarettes, such as coils, small empty cartridges, or USB stick-sized devices. Teens and kids who use e-cigarettes may show behavioral changes, mood swings and agitation as well as shortness of breath, or unexplained respiratory symptoms. Be alert for sweet fragrances, which can sometimes be a byproduct of flavored e-cigarettes.

Even if you don’t have reason to suspect that your child is using e-cigarettes, you should talk to them about it. There are a lot of myths and misleading information about e-cigarettes spread by manufacturers.

Starting the conversation

Before you dive into a conversation with your kids, it’s important to know some of the facts about e-cigarettes.

E-cigarettes are different from regular cigarettes in that they don’t produce smoke, but the vapor they emit isn’t just water. It contains addicting nicotine and harmful toxic chemicals, including carcinogens.

E-cigarettes irritate the lungs when inhaled and pollute the air when exhaled.

Most e-cigarettes contain nicotine, even when the label says nicotine-free, Rizzo says. Nicotine is highly addictive. And studies find that many e-cigarette users end up smoking combustible cigarettes too.

Despite a new look, cigarettes and e-cigarettes have a lot in common. But because e-cigarettes have been on the market for only about a decade, federal regulation is still behind.

As a parent or guardian, you play a huge role in preventing your child from picking up an addictive, harmful habit. The first step is to educate yourself about e-cigarettes. Then talk to your child about them. Let them know that nicotine is addictive and harmful to their developing brains. Some e-cigarettes even contain cancer-causing ingredients like formaldehyde.

Tell your kids point blank that you don’t want them to use e-cigarettes. Starting at a young age, give them clear, consistent messages and follow up with them as they get older.

If you’re not sure how to begin the conversation, look for science-based guides from organizations such as the Campaign for Tobacco-Free Kids and the American Lung Association.

E-cigarettes 101: How to spot them

Part of the challenge for parents in addressing e-cigarette use is that they don’t know enough about the products. So here are a few tips.

E-cigarettes come in different shapes. Some look like a small cylinder, where one end is placed in the mouth, but they are also commonly rectangular, like a USB stick. Some are larger and shaped like a small box, about the shape of a flip-lighter, with a cylindrical mouthpiece. Many science-based organizations have images of e-cigarette products online so parents can learn to identify them.

An e-cigarette can be put away without being turned off, so you won’t see it “extinguished” like a regular cigarette. That means if your child is using them, they may quickly move the device out of sight.

The terminology is also different, so it’s possible to hear kids talking about e-cigarettes and not know it. When they mention words like vape, juice, carts, pens, liquids or tank, they may be talking about them.