Prioritizing vulnerable populations
Ethics at center of COVID-19 vaccine distribution debate

With limited supplies of COVID-19 vaccines, ethicists are striving to ensure that people at greatest risk for severe disease and death are prioritized. Whether their recommendations are entirely heeded remains to be seen.

During the pandemic, ethicists have been advising on COVID-19 vaccination trials, care in hospitals and, most recently, vaccine prioritization. Last year, the National Academies of Sciences, Engineering and Medicine and the Centers for Disease Control and Prevention both took ethics into account in their recommendations on who should get vaccinated first.

Indeed, without consid-

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Zemoria Harvey receives a COVID-19 vaccination from EMT Sohei Yamaguchi in Long Beach, California, in February. To address equity in the city’s vaccine program, the mobile vaccine clinic focused its outreach on Black seniors in the community.

Photo by Brittany Murray, courtesy MediaNews Group/Long Beach Press-Telegram/Getty Images

Marijorie Tabago, RN, LVN, a San Bernardino County Public Health Department nurse, conducts COVID-19 testing in Ontario, California, in December. The U.S. public health workforce needs long-term funding and training to meet the nation’s needs.

Photo by Irfan Khan, courtesy Los Angeles Times/Getty Images

Biden proposes Public Health Job Corps
Public health workforce in dire need of long-term investment

A day after his inauguration, President Joe Biden proposed hiring 100,000 new public health workers to help fight COVID-19. Health departments certainly need the help, but experts caution longer-term, structural changes are needed to rebuild a public health workforce that is still digging out from the last major recession.

“Public health work is incredibly person-intensive,” said Adriane Casalotti, MPH, MSW, chief of government and public affairs at the National Association of County and City Health Officials. “So people really, really matter in this profession.”

When the pandemic began last year, the public health workforce was already facing a deficit. According to NACCHO, state and local health departments have lost 23% of their workers since 2008, shedding more than 50,000 jobs across the country.

Some projections suggest half of local and state health department workers could leave in the coming years. One survey conducted in 2017—the first nationally representative survey of the local governmental public health workforce, known as PH WINS—found more than a fifth of respondents intended to leave in the next year for reasons other than retirement, with pay often cited as a top reason.

The pressures of COVID-19, including the extreme politicization of pandemic response measures and sometimes-violent backlash against public health officials, could make the situation even worse. An investigation by the Associated Press and Kaiser Health News published in December found at least 181 state and local public health leaders in 38 states had resigned, retired or been fired since last April.

At the same time, threats to public health keep accumulating. In 2008, the Association of

See WORKFORCE, Page 12

Child hunger rising during pandemic

People line up for free food in Manila in December. Child hunger and malnutrition are soaring worldwide during the COVID-19 pandemic. See story, Page 21.

Photo by Ted Aljibe, courtesy AFP/Getty Images
APHA ADVOCATES

Recent actions on public health by APHA

APHA supports diversity training
APHA is celebrating the end of a Trump-era measure that banned diversity training for federal workers.

On his first day as U.S. president, Joe Biden revoked Combating Race and Sex Stereotyping, an executive order from President Donald Trump that prohibited workplace diversity training for federal workers and contractors. Issued by Trump in September, the order was widely condemned.

In a Jan. 8 letter to then president-elect Joe Biden, APHA, the Safe States Alliance and over 70 other organizations asked Biden to rescind the order, noting that conversations on racial equity “serve as a catalyst for change, moving diverse communities in a unified approach toward achieving equitable opportunities and health outcomes for all marginalized groups.”

“Thoughtful trainings in the workplace help build awareness and dialogue, produce transformative ideas, and implement sustainable solutions that improve our nation’s public health,” APHA and the other advocates said.

APHA celebrates energy rule victory
APHA marked a victory for public health this winter when a dangerous Trump-era energy rule was struck down in court.

In January, the U.S. Court of Appeals for the District of Columbia Circuit’s ordered the Environmental Protection Agency’s so-called Affordable Clean Energy rule to be vacated and remanded. Under President Donald Trump in 2019, EPA’s Clean Air Act — which reduced harmful carbon pollution from power plants — was repealed and replaced with regulations that allowed more harmful emissions.

APHA, the American Lung Association and the Clean Air Task Force issued a statement Jan. 19 praising the court for acknowledging the ACE rule was deeply flawed.

The court victory paves the way for the Biden administration to issue a stronger and more protective climate rule.

“Not only can EPA meaningfully tackle climate change, the agency can also help correct decades-old injustices and inequities by reducing pollution in communities next to power plants and other polluting sources,” they said.

APHA calls out global climate emergency
Climate change is a health emergency and immediate action needs to be taken to protect the health and well-being of the public, APHA and other health organizations said in a Jan. 26 declaration led by the American Lung Association.

Communities are experiencing air pollution, wildfires, extreme weather, vector-borne diseases and water algae toxins, all of which cause myriad illnesses and chronic ailments, the declaration said. Underserved communities suffer the most from climate change.

The declaration calls for adopting evidence-based targets to prevent warming temperatures, reducing carbon and methane emissions, promoting health equity, and preserving the Clean Air Act.

Along with policies to effect equitable climate action and pollution reduction, communities must be given access to tools to protect health and well-being, including the most vulnerable. Public health systems must have adequate resources to protect communities, and a transition to a clean energy economy must uphold all of society, not just middle-class and wealthy white communities, the declaration said.

“APHA promotes policies focused on environmental justice and health equity that are designed to address climate change adaptation and mitigation where not just the benefit of climate-forward policies affect all, but has an eye toward the equitable distribution of risks,” Surili Patel, MS, director of APHA’s Center for Climate, Health and Equity, told The Nation’s Health.

APHA urges broad vaccination funding
U.S. public health workers and contractors have been working to immunize people against COVID-19 while also trying to inoculate Americans for other dangerous diseases.

Through the Adult Vaccine Access Coalition, APHA is supporting a bill that would bring funding and education to vaccination clinics at local and state health departments. H.R. 8061, the Community Immunity COVID-19 Act, would provide $560 million to develop, scale and evaluate local initiatives to maintain immunization schedules recommended by the Advisory Committee on Immunization Practices.

Recommended vaccinations target diseases such as flu, pneumococcal disease, shingles and hepatitis, the advocates said in a Jan. 22 letter to Sens. Tina Smith, D-Minn., and Rep. Lauren Underwood, D-Ill., the latter of whom introduced the bill to the House last summer.

COVID-19 is also part of the legislation, which would provide funding to immunize all populations, including underserved communities, against the disease and provide education on reducing vaccine hesitancy.

APHA is supporting a bill that would provide funding for vaccinations for COVID-19 and other infectious diseases.
National Public Health Week observance to be held April 5-11

With the U.S. public health workforce on the front lines of the fight against COVID-19 — providing tests and vaccines, educating the public and otherwise working to keep communities safe — this year’s National Public Health Week will be one like no other.

For the second year in a row, NPHW is being held during the COVID-19 pandemic. While the pandemic will be front-of-mind for workers during NPHW, supporters will also take time to draw attention to the myriad other public health issues the field is working on.

The theme of NPHW, which will be held April 5-11, is “Building Bridges to Better Health.” Seven daily themes complement the main theme. Monday will focus on rebuilding public health infrastructure; Tuesday, advancing racial equity; Wednesday, strengthening community; Thursday, galvanizing climate justice; Friday, constructing COVID-19 resilience; Saturday, uplifting mental health and wellness; and Sunday, elevating the workforce.

Across the U.S. and beyond, NPHW participants are getting ready for the week by organizing virtual meetings, printing public health T-shirts, creating artwork and preparing healthy meal recipes, to name a few plans.

Among those taking part is the Houston Health Department. The agency’s commitment to NPHW goes back many years. For this year’s observance, organizers are taking inspiration from the daily themes and adapting to a virtual setting.

“We participate every year,” Kristi Rangel, chief of public health education at the Houston Health Department, told The Nation’s Health. “It is a way to break down the barriers in the community we serve and for people to see and understand that public health is accessible, part of everyday life, and that we are invested in their lives.”

The Brookline Public Health Department in Brookline, Massachusetts, will publish vegetarian recipes on social media during NPHW and throughout the month of April. Vegetarian diets not only help people eat more healthily, said Lynne Karsten, MPH, director of community health at Brookline Public Health. As meals often do not involve animal agriculture, they are more environmentally friendly.

“We will discuss the meals (virtually) in the context of the menus being healthier for people and for the planet,” Karsten told The Nation’s Health.

People who are looking for inspiration for their events can look to APHA’s NPHW website. The website has a toolkit full of ideas on how you and your community can partner in NPHW activities, such as music and video playlists to keep people active.

Join APHA HQ for Twitter chat, forum

To read and share this column in Spanish, visit www.thenationshealth.org/index.php/content/2021/03/22/

José Ramón Fernández-Periáñez, MD, MPA
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VITAL SIGNS
Perspectives of the president of APHA

Recognizing public health achievements
Celebrate our health workforce for National Public Health Week

This year, we observe the 26th anniversary of National Public Health Week. Since its inception as an APHA-led event in 1995, the Association has marked the first week of April as a time to celebrate the public health workforce and the important work we do.

Even as they carry out their everyday work, public health professionals raise awareness about key issues affecting the public’s health, and educate policymakers and funders about important issues that need to be addressed.

The overarching theme for NPHW 2021 is “Building Bridges to Better Health.” And after a year in which COVID-19 has consumed most of our attention, the daily themes for the week serve as reminder of some of the many aspects of our work we still need to focus on: rebuilding, advancing racial equity, strengthening community, galvanizing climate justice, constructing COVID-19 resilience, uplifting mental health and wellness, and elevating essential and health workforces.

One of the things I really enjoy about NPHW is that we can all partake in it, regardless of where we are or what we do. Every year, I learn of individuals, programs, schools, Affiliates and communities who interpret these themes in very different and meaningful ways.

For example, a former colleague organizes tabling activities with their staff at a community-based clinic, focusing on a different theme each day. Another colleague works with her students, using different social media platforms to spread resources and information related to the themes. I used to give extra credit to students who wrote or called their elected officials to advocate on issues related to the themes.

While I want to encourage all APHA members to engage in NPHW activities, I also recognize that many of us are exhausted and may not have the proverbial bandwidth to engage as much this year.

All of us in the public health workforce have been on high alert for the past year, and in some locations, under attack.

A key piece of self-care is the ability to know your limits and comfortably say no when we need to. This act, in and of itself, is consistent with at least three of this year’s themes. My point here is that the work we do as public health professionals must start from within.

But if you have the energy and the time and want to engage, there are hundreds of ways you can do it.

Every year, APHA develops a comprehensive toolkit full of ideas on how to get involved. I invite you to visit the NPHW website at www.nphw.org to find out how you and your community can partner with us this year.

I’d love to hear what you are doing this year. Thank you again for all the work you do, and happy National Public Health Week!

José Ramón Fernández-Periáñez, MD, MPA
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LGB people face higher violence risk
Gay, lesbian and bisexual people in the U.S. experience much higher rates of violence than their heterosexual peers, according to a study in the February issue of APHA’s American Journal of Public Health.

Researchers examined data from the 2017 and 2018 National Crime Victimization Survey for people ages 16 and older. Data showed that total rates of violence victimization are up to four times higher for them compared to heterosexual people. Compared to their heterosexual peers, the odds of being a victim of violence were two times higher for lesbians, two-and-a-half times higher for gay men, three times higher for bisexual women and almost four times higher for bisexual men.

“Collecting these data can help researchers understand victimization risk and guide appropriate resources toward victim services, especially important given the high violent crime levels experienced by LGB individuals,” researchers said.

Gun safety counseling can lower suicides
Talking to members of the military about safe gun storage can help reduce suicides among their ranks, a study in the February issue of AJPH finds. The study involved about 250 gun owners who were members of the Mississippi National Guard. Participants were randomly assigned to one of four groups.

One group received lethal means counseling, which instructs on safety protocol for storing deadly weapons. A second group received weapon counseling and training on using gun locks that prohibit a gun from firing. A third received health and stress counseling, and a fourth got health and stress counseling and training on gun locks.

Follow-up interviews were held three and six months after study completion.

Lethal means counseling and cable locks resulted in the highest adoption of safe gun storage methods over time. But the other groups also showed overall improvement in gun storage and safety.

“Given the frequency with which firearms are used in military suicides, promoting safe firearm storage may represent an invaluable tool for military suicide prevention,” researchers said.

Suicides among U.S. military members were on the rise before the COVID-19 pandemic, with about 500 active-duty soldiers dying by that means in 2019.

Health disparities found after prison
Whites are more likely to receive community-based mental health and substance use treatment after jail than people of color, a study in the February issue of AJPH finds.

Researchers examined data on 630 people who had mental health issues when entering jail in 2017. Their mental health treatments in jail were tracked, and after release, researchers followed the group for one year to gather data on their mental health treatments. No disparities in treatment were found in jail. But after release, whites had almost two times the odds of receiving community-based mental health and substance use treatment than minorities, and almost five times the odds of receiving disorder treatment.

“Barriers that individuals released from jail face adversely affect (people of color), resulting in reduced access to treatment,” researchers wrote.

DUIs can result in firearm prohibition
Most states have laws that prohibit people with DUI convictions from owning or purchasing a firearm, a study in the February issue of AJPH finds.

In 2020, researchers examined each state’s DUI laws, using a database for legislative research. Forty-seven states have DUI laws that prohibit convicted drivers from owning or purchasing a gun, though the number of convictions required to forbid firearms varies by state.

Massachusetts is the only state in which a driver with one DUI can be prohibited from having firearms.

The research could benefit policymakers who want to adjust their state’s DUI-based prohibitions on firearms or push for enforcement, the study authors said. Future research could explore whether gun prohibitions are enforced and if they result in fewer crimes, injuries or deaths by firearm, they said.

Photo by CS Media, courtesy iStockphoto

With suicides rising among military members, protocols such as gun locks, counseling and gun storage are important safety measures for the population, an AJPH study says.

| THE NATION’S HEALTH | APRIL 2021 |
APHA book shares new ways to reduce gun violence epidemic

With an estimated 390 million guns in America, the weapons exact a heavy toll on U.S. health and well-being. But instead of focusing solely on eliminating the weapons, health advocates should work to make people safer from them, according to a new book from APHA Press.

To avoid the millions of injuries and deaths caused annually by gun violence, prevention and risk evaluation must be taken into account, according to "Gun Violence Prevention: A Public Health Approach." Just as the U.S. did with automobiles and other consumer products, science and policy can be used to make society safer from firearms, the book concludes.

"It is a pragmatic, science-driven, data-driven presentation of what we know and what we don’t know, what we believe may work, what we believe may not work, what makes sense and what doesn’t," said book co-editor Howard Spivak, MD, a pediatrician and APHA member who has studied youth gun violence for decades.

The book explores the dire consequences of gun violence, including homicide, suicide, intimate partner violence and unintentional shootings. It also examines important related issues, such as social justice, institutional racism and criminal justice. Other discussions examine police violence and federal funding for gun violence research. There is also a chapter on gun violence during pandemics and other emergencies.

The book takes a public health approach to gun violence, meaning the focus is on prevention. The need for good data and partnerships with multiple organizations, agencies, health departments and law enforcement is emphasized. A public health approach to gun violence can help communities create and adopt appropriate violence prevention strategies, according to book authors.

"Unless you do the prevention end, you are constantly playing catch-up," Spivak told The Nation’s Health. "You are constantly dealing with a problem that is overwhelming the (law enforcement) system rather than reducing the problem in the first place."

The book is co-edited by Linda Degutis, DrPH, MSN, former director of the Centers for Disease Control and Prevention’s National Center for Injury Prevention and Control, who is also a past APHA president. Degutis shares ways to effectively communicate to firearm owners. Finding common ground is a good start, such as agreeing that reducing deaths by firearms is a positive. Dialogue is more constructive when controversial phrases such as “gun control” and “take away your guns” are not used, according to Degutis.

"Just because someone owns guns does not mean they are violent or an irresponsible gun owner," Degutis, an APHA member, told The Nation’s Health. "Most gun owners are responsible."

Given the recent rise in U.S. gun sales, the new book is an important resource. During the COVID-19 pandemic last year, background checks for gun sales rose nearly 40%, with nearly 40 million checks conducted, according to the FBI.

Current events “have been a driving force for firearm purchasing, which, as we know from a public health perspective, increases risk in communities when there are more guns out there,” Spivak said.

To learn more about the book, which will begin shipping in May, visit www.aphabookstore.org.

— Mark Barna

New APHA benefit helps members ace interviews

APHA members are getting a leg up on their next interview, thanks to a new member benefit. Announced in February, APHA members now have access to Big Interview, an online suite of tools designed to help people land their next job. While job coaching services such as Big Interview can be costly, the service is available to APHA members for free.

Big Interview focuses on acing job interviews, but can also be used for coaching on interviews for graduate programs or other situations. Through dozens of video lessons, members can get expert guidance on how to respond to interview questions.

For example, after using the tools, members will be able to respond with confidence to simple questions about themselves and their career goals as well as difficult ones, such as gaps in employment or a lack of direct career experience. The service, which can be used by people looking for a new job or recent graduates seeking their first one, includes an interactive video practice tool.

The Big Interview also includes a free resume builder. The service guides users step-by-step to make sure that the most important resume details are included. It also offers options for personalizing the look and feel of a resume.

“We wanted to find a way to help APHA members throughout the entire job-seeking process,” Fran Atkinson, MSN, APHA director of membership, told The Nation’s Health. “From writing their resume to learning how to navigate stressful challenges, we think they will find enormous value in this member benefit.”

For more information on the Big Interview and other APHA member benefits, which include discounts on other career-related services, visit www.apha.org/member-savings.
Paid sick leave is a public health right and a vital benefit for workers during the pandemic, APHA told Congress in a letter.

“Beginning the work to overturn this ill-conceived rule now is especially critical as we continue our efforts to combat the COVID-19 pandemic and ensure all individuals are seeking care, treatment and preventive services,” Executive Director Georges Benjamin, MD, said in a February news release. “We are pleased that President Biden has taken swift action to prioritize these issues and address these clear violations of fundamental human rights.”

Sick leave benefits help fight COVID-19

Providing paid sick leave helps prevent the spread of COVID-19, as workers with leave are less likely to come to work and infect others. In a Dec. 4 letter to congressional leaders, APHA and partners asked that paid sick benefits in the 2020 Families First Coronavirus Act be extended beyond Dec. 31. Under the law, employers were required to provide paid sick leave and expanded family and medical leave for COVID-19.

“Paid sick leave is a public health issue, and guaranteeing paid sick leave will help to curb the pandemic,” APHA and the other advocates said.

On Dec. 20, both the House and the Senate voted to pass a $900 billion coronavirus relief bill, but declined to extend the paid leave. However, the bill stated that covered employers can claim the tax credit associated with the leave until March 31.

As of mid-February, expanding paid leave was under consideration for inclusion in President Joe Biden’s COVID-19 relief package.

— Mark Barna

To take action on public health, visit www.apha.org/advocacy.
APHA has released an online tool that maps U.S. racism declarations, such as those in Connecticut and Massachusetts. Users can see where measures were passed and more details.

APHA tool maps US racism declarations

As communities across the nation declare racism a public health crisis and issue calls for change, a new APHA tool is helping lead the way.

In February, APHA’s Center for Public Health Policy released an online tool that maps U.S. racism declarations. Users can see where such measures have been passed in their state, city or county and follow links to read the declarations.

APHA began tracking and sharing U.S. racism declarations last year. As of February, 176 declarations had been added to the online tool. In coming months, APHA is planning to release a guidance document on how to declare racism a public health crisis.

Passing a declaration can do more than just raise awareness, according to Tia Taylor Williams, MPH, CNS, director of the APHA center. It also provides an opportunity to examine policies that reinforce inequities and spark work toward change.

To access the mapping tool, visit www.apha.org/racism-declarations. To learn more about racism declarations around the U.S., read the cover story in the January issue of The Nation’s Health at bit.ly/declarationsnh.

The Nation’s Health expands its reach

APHA’s long-running online news service has a new home. In January, Public Health Newswire moved under the umbrella of The Nation’s Health.

The online publication is now serving as an arm of The Nation’s Health, and will feature high-priority public health news. In the first weeks of its relaunch, the news service featured articles on the Affordable Care Act, minimum wage, climate change measures and more.

Folding Public Health Newswire into The Nation’s Health is a natural fit, according to Michele Late, executive editor of The Nation’s Health. The publication has long used a range of formats — including a website, app, podcast and Twitter account — to engage and inform readers.

“As APHA’s award-winning news arm, The Nation’s Health is well-versed in what’s going on in the field of public health and what professionals want to know about,” Late told The Nation’s Health. “Our team of journalists is excited to be able deliver even more timely news to our audience.”

The news service, which will now be known as Public Health Newswire from The Nation’s Health, can be accessed at www.publichealthnewswire.org. Readers can sign up to receive posts in their email by selecting the “Subscribe” button on the site.

New child health fact sheet available

All U.S. children should have the opportunity to live in safe, healthy environments and reach their best health and well-being. That is the key message of a new APHA fact sheet on children’s environmental health and equity released in February. “Creating the Healthiest Nation: Children’s Environmental Health” discusses how childhood exposure to environmental pollutants can have lifelong negative health impacts and share recommendations for action.

With an eye toward creating equity, the four-page fact sheet provides information on housing, childhood education settings, neighborhood conditions, climate change and more.

“Exposure to environmental health hazards depends on where children live,” the fact sheet says. “Children of color are more likely to live in communities founded on residential segregation and other racial and environmental inequities and injustices.”

To download and share the fact sheet, “Creating The Healthiest Nation: Children’s Environmental Health,” visit www.apha.org/health-equity.

Members propose policy statements

Nineteen proposed policy statements on important public health topics are making their way through APHA’s annual review process.

The proposed statements, which address topics such as suicide prevention, environmental noise and racism, were written and submitted by APHA members. If approved, the new statements will join hundreds of others in the APHA database, including 19 that were adopted last year.

Comments on the 2021 draft policy statements were due March 26. APHA’s Joint Policy Committee and Science Board will review the proposals and comments when they meet this month.

APHA members will have another chance to submit feedback on the proposals during public hearings at APHA’s 2021 Annual Meeting and Expo.

The Governing Council will vote on the proposed statements during its sessions at the meeting.

Late-breaking policy statement proposals — which directly relate to events that occurred since Feb. 12, the regular statement submission deadline — are due by Oct. 14.

The final versions of APHA’s 2020 policy statements, which address issues such as abortion referrals, immigrant families and adult dental care, are available now on the APHA website.

For more on the policy statement development process, including a calendar with deadlines, visit www.apha.org/policies-and-advocacy. For questions on policy statements, email policy@apha.org.

APHA calls for papers for special issue

APHA’s American Journal of Public Health is seeking submissions for an upcoming special issue on environmental justice.

The issue is a follow-up to a December 2011 AJPH supplement on environmental justice that examined the state of science and practice at the time. The 2021 special issue will explore new frontiers of environmental justice, including issues such as housing, schools, energy, food systems and COVID-19.

“Authors are encouraged to address intersections among these topics and also highlight the role of racism and segregation, issues related to displacement and forced migration, and links to adverse health, social and economic outcomes,” the call for papers says.

Both articles and commentaries are sought for the issue. AJPH editors are seeking opinion pieces that look at changes over the past decade, as well as future implications, including regulations, social justice movements, and academic partnerships. Submissions are due by April 15.

For more information, visit www.apha.org/callforpapers.

APHA graphic shares sexual assault facts

Public health professionals can help raise awareness of sexual assaults on campus with a new APHA infographic.

Released in the fall, the “Sexual Assault Matters” graphic shares facts about sexual assaults that occur at U.S. colleges and universities.

For example, 1 in 5 women and 1 in 16 men are targets of attempted or completed sexual assault while they are college students, according to the graphic.

Campus sexual assault is a serious public health problem that can be prevented. Students, school leaders, organizations and others are encouraged to use the graphic to call for action.

“Childhood sexual assault, colleges and universities must work with students and other key stakeholders to develop comprehensive prevention efforts that empower survivors, bring perpetrators to justice and create a culture that is intolerant of sexual violence,” the graphic says.

To download and share the graphic, visit bit.ly/sexual-assault.

— Michele Late

Photo by Disobey Art, courtesy iStockphoto

A new APHA fact sheet on children’s environmental health and equity helps workers improve health for all kids.
Public Health Code of Ethics an essential decision tool during pandemic

VACCINE ETHICS, Continued from Page 1

ering ethics, defeating the pandemic will be difficult, said Matthew Wynia, MD, MPH, FACP, director of the Center for Bioethics and Humanities at the University of Colorado.

“These are not only scientific decisions,” Wynia told The Nation’s Health. “They are decisions about values too, and that is where ethicists come into the conversation.”

CDC’s vaccine prioritization recommendations, first released in December, were created to decrease death and serious disease, preserve functioning of society and address disparities, according to the agency.

Health care personnel in the U.S. were recommended to be vaccinated first because of their important role on the front lines of the pandemic, for example, while people in long-term care facilities were prioritized because of their high risk of severe illness and death.

Ethicists recommend targeting people “who are most likely to catch the illness and to die if they catch it or spread it to a bunch of other people. Those populations ought to get this first,” Wynia said.

But as states have jurisdiction over public health, vaccine prioritization across the U.S. has varied. That has created “confusion about who is eligible, confusing communications, and complicated systems to determine eligibility that often result in inequitable access to already margin- alized groups,” said Lisa Lee, PhD, MA, MS, co-leader of a task force that revised APHA’s Public Health Code of Ethics, released in 2019.

Undererved and underrepresented communities as well as essential workers such as bus drivers and grocery staff — positions that are held by many people of color — were largely left out of state plans.

But even after vaccination supplies begin to meet demand, fair and equitable distribution will remain an issue, said Akilah Jefferson, MD, MSc, a bioethicist and assistant professor in the Allergy and Immunology Division at the University of Arkansas for Medical Sciences’ College of Medicine. Without ethics, there is no equity, particularly for vulnerable people.

“We have to put a whole lot of effort into making sure we don’t leave these people behind,” Jefferson told The Nation’s Health. “Because if things keep going the way they have been going, thousands and thousands of people will be left behind.”

Reaching underserved US communities

The Public Health Code of Ethics outlines foundational values to consider when deciding how to prioritize a public health service such as COVID-19 vaccination. It calls on leaders to determine the public health goals of an action, identify ethically relevant facts and uncertainties, analyze the implications of the action for affected communities, and think about how the action fits with core values of public health.

“One of the important ethical concepts we rely on in public health is reciprocity, which basically means that if we are going to ask the public to do something for the good of the public’s health — say, get a COVID-19 vaccine — we have the obligation to provide what it takes to make it reasonable for a person to participate,” Lee said.

Using vaccine ethics on a global scale

Another ethical issue involving COVID-19 is a global one: Unless the U.S. and other wealthy countries aid middle- and low-income nations by building up their public health infrastructure and getting vaccines to them, people there will continue to die. And COVID-19 variants will continue to circulate around the world, exponentially increasing infections.

The World Health Organization, which has 194 member nations, leads international efforts to defeat the pandemic. In May, the Trump administration announced the U.S. would withdraw from WHO, thereby ending U.S.’s global health influence and undercutting WHO’s funding, a devastating blow to helping non-wealthy countries control the contagion. The withdrawal would have been effective in July 2021.

But on Jan. 21, one day after President Joe Biden’s inauguration, Anthony Fauci, MD, Biden’s chief medical adviser, confirmed that the U.S. would not only remain a WHO member, but that it would also participate in the COVID-19 Vaccines Global Access Facility, co-led by WHO, Gavi and the Coalition for Epidemic Preparedness Innovations.

COVAX’s goal is to purchase COVID-19 vaccines and deliver them to low- and middle-income countries, with emphasis on vaccines being distributed fairly and equitably. By the end of 2021, leaders hope to have delivered 2 billion doses, with most going to countries with the lowest incomes.

As of mid-February, wealthy countries held 4.2 billion doses, while low- and middle-income countries held only 670 million doses, according to the Duke Global Health Innovation Center.

An ethical approach on a global scale is the only way to truly end the pandemic, Lee said.

“All developed countries have both a prudential and an ethical obligation to ensure that all people are protected from this virus,” she said. “If we do not, we will continue to suffer the consequences of this deadly disease, fighting outbreaks and dealing with mutating virus that will outsmart our treatments and vaccines.”

To download APHA’s Public Health Code of Ethics, visit bit.ly/phcode. Connect with APHA’s Ethics Section on Twitter at www.twitter.com/APHAEthics.

— Mark Barna

Louise Stuhmiller receives a COVID-19 vaccination from Jaskaran Khela, MD, at a Walnut Creek, California, retirement community in December. Seniors are at high risk for the disease.

“These are not only scientific decisions. They are decisions about values too, and that is where ethicists come into the conversation.”

— Matthew Wynia

Photo by Amanda Andrade-Rhoades, courtesy The Washington Post/Getty Images

Ramona Cohen, 77, waits at a Washington, D.C., grocery store in January in hopes of getting a leftover dose of the coronavirus vaccine. Despite her age, she struggled to obtain a vaccination.

Photo by Carlos Avila Gonzalez, courtesy The San Francisco Chronicle/Getty Images
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This important publication builds on the racial health equity work that public health advocates and others have been doing for decades. They have documented the existence of health inequities and have combated health inequities stemming from racism. This book, which targets racism directly and includes the word squarely in its title, marks an important shift in the field’s antiracism struggle for racial health equity. It is intended for use in a wide range of settings including health departments, schools, and in the private, public, and nonprofit sectors where public health professionals work.
The Nation's Health

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The experiences kids have in their early years can impact the rest of their lives. Houston leaders are helping disadvantaged kids get an extra boost toward health and success through a citywide campaign.

The Houston program is based on one started in Boston several years ago to teach parents how to nurture children in those formative years through five practices called "the basics." Today, the program is in over 30 cities, arriving in Houston in 2018. Overseen by the Houston Health Department, Basics Houston opened three brick-and-mortar sites, and in February launched an interactive website.

"We view Basics Houston as a public health campaign," Kristi Rangel, chief of public health education at the Houston Health Department, told The Nation's Health. "It is a way to build community around the science of early brain development and build community around the five basics."

Children’s experiences in their first three years of life impact their brain development, influencing social behavior, emotional stability and cognitive abilities into adulthood.

Infants and toddlers raised in loving homes and stimulated through play and thoughtful engagement are more likely to be well adjusted, perform better in school and form positive relationships throughout life, research from Harvard University and others show.

The Basics program relies on science to create its instructions for parent-child interaction. The Basics template was created through a partnership between the Black Philanthropy Fund and the Achievement Gap Initiative at Harvard. Basics Boston opened in 2016, and within months, the program expanded to Chattanooga, Tennessee; Yonkers, New York; and Pickens County, Georgia. In 2017, the Boston team launched a nonprofit organization, The Basics Inc., to consolidate oversight for the local campaign and provide support for the growing network, called the Basics Learning Network.

The five basics instructions create an environment that helps wire the brain for success. Parents follow simple instructions when interacting with their children: maximize love, manage stress; talk, sing and point; count, group and compare; explore through movement and play; and read and discuss stories. Though the program is open to all, it prioritizes families with the greatest needs. In early childhood, social disadvantages can inhibit cognitive growth that can remain throughout life, Rangel said, affecting school performance, job prospects, and health and well-being.

Houston, which has a population of 2.5 million, is 45% Hispanic and 35% Black, the 2018 U.S. Census shows. As in other cities, minority populations in Houston are impacted by social determinants that influence education, health, income and other factors.

Parenting skills are also affected, according to Rangel. "Vulnerable communities oftentimes are not given the same support to attain, understand and learn about proper parenting," she said. "We say, 'Read to your kids,' but they live in a book desert. We say, 'Manage your stress,' but when they are in postpartum (depression), no one recognizes it."

Before the pandemic, families visited three Basics Houston centers, where parents attended free workshops. But the meetings stopped last year due to COVID-19 safety protocols. Basics Houston’s February website launch marked the program’s return. The website empowers parents to learn the five basics free online. Parents can download parent-guiding videos on parent-child interaction and receive expert advice on social media forums. Spanish-language versions are available.

In support, support will increase, as Basics Houston launches virtual parenting workshops. "Ideally, the goal is for parents and families to get not just the message of basics, but all the support they need," Rangel said.

To learn more about Basics Houston, visit www.thebasicshouston.org.

— Mark Barna

Houston helping vulnerable young children reach their full potential

States in Brief

New York creates public health corps

To boost COVID-19 vaccinations in the state, New York is establishing a public health corps, officials announced in January.

The state will partner with Cornell University and Northwell Health System to develop a roster of at least 1,000 trained fellows. The New York State Public Health Corps will initially focus on vaccinating the state’s nearly 20 million residents against COVID-19.

“Consistent with our core commitment to changing lives through public engagement, we look forward to providing training that will enable people not only to support the immediate need to fairly and effectively vaccinate against COVID-19, but also to be prepared to confront future public health challenges,” Cornell University President Martha Pollack, PhD, MS, said in a news release.

The state plans to continue building the corps even after the vaccination campaign is complete. Trained public health professionals will be recruited to assist state and county health agencies and be available to serve during health crises. The recruits will be trained through a series of online courses offered by Cornell.

The university’s MPH and online learning programs will develop a health training program for the general public to create a pool of volunteers. For more information, visit www.cornell.edu.

Pennsylvania shares racial equity goals

Pennsylvania has significant work to do to overcome systemic racial inequities in the state, but leaders are willing to work to get there, according to the Pennsylvania Department of Human Services.

In January, the department released its first report on racial equity in the state, addressing diversity, equity and inclusion. The report highlights areas where department action or increased focus is needed to address perpetuated racial inequity and outlines ways the agency can improve. It also shares facts on state inequities.

For example, the report notes that while 12% of people in the state are Black, they represent 25% of those who receive medical assistance, 29% of nutritional assistance and 53% of assistance for needy families, highlighting disparities in income.

“My hope is that by releasing this report, we can begin a conversation that will improve our work on behalf of the people we serve and help encourage others within our systems to be a part of this journey,” department Secretary Teresa Miller, JD, said in a news release.

While the Pennsylvania health department serves the state as a whole, it also provides direct care and support to 3 million of the state’s most vulnerable people.


North Dakota forms youth advisory board

The North Dakota Department of Health is working with youth in the state to help improve the health of their peers. The health department has created a 20-member Youth Advisory Board, which will work “to make a difference in North Dakota communities by using peer influence to plan, implement and advise on meaningful projects and topics that will improve the health of North Dakota youth,” according to the board charter. Recruitment for the new board began in January with an open call for young North Dakotans ages 15 to 21.

“Youth health issues differ from adults, and in order to understand their needs, the NDDoH would like to hear directly from youth,” Krisissie Guerard, the department’s health equity director, said in a news release.

The group is plans to meet quarterly, with its inaugural meeting scheduled for March. For more information, visit www.health.nd.gov.

— Aaron Warnick
Sustained funding for public health workforce needed in wake of COVID-19

WORKFORCE, Continued from Page 1

Schools and Programs of Public Health released a first-of-its-kind assessment calling for an additional 250,000 public health workers by 2020, warning the nation “will soon be ill-equipped to identify looming public health crises and respond decisively.” As of February, 2019, the local public health workforce stood at 136,000.

In one of his very first executive orders, Biden focused on the public health workforce, directing federal agencies to provide technical support to state, local, tribal and territorial agencies on COVID-19 testing and contact tracing efforts. He also called on them to help train new public health workers and produce five-year targets and budget requirements for “achieving a sustainable public health workforce.”

Biden’s order additionally called for establishing a U.S. Public Health Job Corps, which would ideally mobilize 100,000 workers to help with COVID-19 response. Funding for the new corps was included in Biden’s $1.9 trillion proposed relief package that was making its way through Congress as of mid-February.

John Auerbach, MBA, president and CEO of Trust for America’s Health, said health departments undoubtedly need help with COVID-19 response, but it is unclear how permanent the new corps jobs will be. It is also unknown what will happen after the pandemic recedes and whether agencies can eventually pivot those workers to nonemergency public health work, which has suffered greatly in the pandemic and during years of funding-driven service cuts.

Auerbach, an APHA member, said the field needs more future-looking, long-term funding commitments that focus on building public health infrastructure, which might also help the field attract and offer competitive-paying jobs in areas of high need, such as data systems.

“Truthfully, I think what the public health workforce will look like after this is very uncertain,” he told The Nation’s Health in February. “The focus right now among policymakers is getting through the pandemic, not necessarily on what we can learn from the pandemic going forward.”

But he said there are reasons to be optimistic. For example, in 2018, the Public Health Leadership Forum released a paper estimating an annual $4.5 billion gap between current public health spending and what is needed to fully implement core public health functions across the nation. It called for new infrastructure funding in that same amount. At the time, pre-COVID-19, Auerbach noted, “people thought it was too much money; today, of course, $4.5 billion seems like a good deal.”

He said the Biden administration is taking such proposals and concerns seriously and has been open to meaningful talks on the issue. But he worries that without quick action on longer-term public health workforce commitments, momentum could fade, as it has after other health emergencies.

Chrisstie Juliano, MPH, executive director of the Big Cities Health Coalition, said a relatively quick infusion of 100,000 corps workers would boost pandemic response and provide relief to an exhausted workforce. But she said any new job corps should be scaled up in collaboration and coordination with public health authorities at all levels. It also needs to be more than a one-off with a mechanism for integrating emergency workers into the general public health workforce.

“Ramping up and then down is one of the problems we have in the past,” Juliano, an APHA member, told The Nation’s Health. “In public health, we boom and bust. This is an opportunity to hold on to the boom.”

Another key to rebuilding the workforce, she said, is making sure funding dollars reach local public health agencies. Tracking the flow of funding to local agencies is difficult. For example, even groups such as NACCHO had trouble determining how much of the first round of federal COVID-19 emergency money made it to local health departments last year.

But that data is set to improve, thanks to a tracking measure passed in December’s COVID-19 relief bill, said NACCHO’s Casalotti. While public health advocates were unsuccessful in securing designated funds for local health departments in the relief package, they were able to secure a new rule that requires states to report on how dollars are distributed locally. For now, Casalotti said, the measure only applies to the public health funding authorized in the December bill, but it still represents a “big step forward.”

Like her colleagues, Casalotti said Biden’s public health job corps proposal is welcome support, but it needs to go beyond the pandemic. She also noted there are existing ways to build up volunteer health reserves rather than starting from scratch, such as by increasing funds for the chronically underfunded Medical Reserve Corps, which already has volunteers around the country embedded in pandemic response.

In the long-term, she said, efforts to rebuild the public health workforce need to focus on recruiting, retaining and job availability, all of which are tied to public health funding, which had also been struggling for years before COVID-19. In a 2019 NACCHO survey of nearly 1,500 local health departments, 67% reported stagnant budgets and 15% reported reduced ones.

There is hope for legislative movement on those fronts. For example, as of February, Casalotti said she expected members of Congress to reintroduce bills that would offer student loan assistance for serving in governmental public health, as well as create mandatory, predictable funding to build public health infrastructure. The latter would be a major shift from typical public health funding mechanisms, which tend to be flexible

Photo by Spencer Platt, courtesy Getty Images

A community health worker provides a rapid COVID-19 test in Immokalee, Florida, in February. While public health workers have been on the front lines of the pandemic, inadequate funding and a workforce shortage has made their work harder.

“In public health, we boom and bust. This is an opportunity to hold on to the boom.” — Chrisstie Juliano

Photo by Mario Tama, courtesy Getty Images

As part of a campaign to reach people who are homeless, a Los Angeles Department of Health worker administers a COVID-19 vaccine to Hector Ortiz at the Los Angeles Mission in February.

“Another key to rebuilding the workforce, she said, is making sure funding dollars reach local public health agencies.” — Chrisstie Juliano

“For more information on PH WINS, visit www.debeaumont.org/ph-wins. For more on Biden’s executive order, see www.whitehouse.gov.” — Kim Krisberg
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In 1979, THE NATION’S HEALTH reported on the release of a new report from Surgeon General Julius Richmond, MD, that called for “a second public health revolution.” The report marked the beginning of Healthy People, an initiative that sets health promotion and disease targets for the nation to this day. The 1979 report, which focused on reducing preventable deaths and injuries, was the first to describe a national public health agenda for the U.S.

Follow along with us this year as we mark the 50th anniversary of The Nation’s Health by re-examining news in our archives.
Public health paramount in first months of Biden administration

HE BIDEN administration has placed public health high on its agenda, tackling pressing issues from day one.

Soon after taking office in January, President Joe Biden signed dozens of executive orders, memorandums and proclamations, many of them reversing policies adopted by the previous administration that threaten public health. Additional public health-friendly measures came in the following weeks and months, including many of high priority to APHA.

On Jan. 27, Biden signed an executive order that reestablishes the nation’s commitment to fight the growing global climate crisis. Among its measures, the order establishes the White House Office of Domestic Climate Policy, charged with coordinating and implementing the president’s domestic climate agenda, and brings U.S. agency leaders together in the National Climate Task Force. An earlier executive order from the president recommitted the U.S. to the Paris Agreement, the international accord through which nations agree to lower carbon emissions to reduce global warming.

Other public health-related measures approved by Biden include:

- Directives for the U.S. to reengage with the World Health Organization, including work to deliver COVID-19 vaccines globally.
- An order requiring physical distancing and masks on federal property.
- An executive order emphasizing that Title VII of the Civil Rights Act bans discrimination based on sexual orientation or gender identity.
- An executive order on advancing equity for all, with emphasis on people of color who have been underrepresented and marginalized, that includes rooting out systemic racism.
- An executive order to shore up the Deferred Action for Child Arrivals program, which protects immigrants who came to the U.S. as children from deportation. Biden also called for legislation offering a path to U.S. citizenship for DACA immigrants.
- An executive order creating a task force that will work to reunite families separated at the U.S.-Mexico border.
- A memorandum in support of science and evidence-based policymaking, which states that “scientific findings should never be distorted or influenced by political considerations.”
- For more on Biden’s actions, visit www.whitehouse.gov.

— Mark Barna

Decades of bad policy laid groundwork

Report: Trump-era policies damaged US health care system

A N ALREADY-weakened health safety net, capped by devastating policies, actions and inactions during the Trump era, made America especially vulnerable to the COVID-19 pandemic, according to a new report from The Lancet Commission.

U.S. deaths from COVID-19 could have been 40% lower had the country’s rates mirrored the level of other high-income nations, saving at least 180,000 lives, according to the Feb. 11 report. But even before the pandemic, U.S. health was deteriorating.

“The COVID-19 pandemic has shown how woefully inadequate the country’s health care and public health system has been in protecting the nation’s health,” Richard Horton, FMedSci, editor-in-chief of The Lancet, said in a news release.

The report, “Public Policy and Health in the Trump Era,” is the product of four years of research by a 33-member commission of medical, public health, law and other experts from the U.S., U.K. and Canada.

The 40-page report examines the health impact on Americans from former President Donald Trump’s policies, while also looking at four decades of actions that undermined U.S. social and health safety nets.

Commission members examined issues such as immigration policies, the opioid epidemic, access to health care, nutrition and racism.

America’s health began a downward spiral in 1980 under former President Ronald Reagan, the commission found. Gains from the New Deal and the civil rights movement were undermined by Reagan-era policies. Inequities continued and grew for decades through both Republican and Democrat presidencies, even with the Affordable Care Act becoming law in 2010.

Many Trump-era policies, such as tax cuts for the wealthy and corporations and funding cuts to the social safety net, can be traced to Reagan’s political philosophy, the report noted. An income gap began that today has become a yawning chasm between the wealthy and the middle class.

Meanwhile, health care costs rose as overall health declined. Pre-pandemic, life expectancy in the U.S. was 3.4 years shorter than the average of G-7 nations — Canada, France, Germany, Italy, Japan and the United Kingdom. In 2018, America had 460,000 excess deaths relative to those countries.

When the pandemic hit, America was not prepared, the commission said. Public health infrastructure and workforce had been gutted, with funding cuts decreasing the front-line public health workforce by 20%. Profit-based health care systems were not ready for a national health emergency. U.S. life expectancy had fallen, substance use deaths were up and 11% of the nation was food insecure.

The Trump administration dismantled economic, health and social safety nets, making it harder for people to obtain health insurance. In 2019, over 34,000 U.S. deaths were associated with lack of health coverage, the commission estimated.

When the pandemic escalated in 2020, Trump mocked mask wearing, spread disinformation and undermined science. He also blocked public health measures that would have helped protect people from the disease and forced states to compete for safety supplies for health workers.


— Mark Barna

Higher minimum wage could boost US health, pull workers from poverty

RAISING THE MINIMUM WAGE is often thought of as an economic issue. But as higher wages are linked to better health and well-being, particularly for vulnerable populations, the minimum wage is also an important issue for public health.

On Jan. 26, a group of congressional leaders introduced the Raise the Wage Act, which would gradually raise the federal minimum wage to $15 by 2025. The bill would increase wages for nearly 32 million Americans, including a third of all Black workers and a quarter of all Hispanic workers, according to the Economic Policy Institute. As most minimum wage workers are women, it would also narrow the U.S. gender pay gap.

The federal minimum wage has not increased since 2009, when lawmakers raised it to $7.25. President Joe Biden has shown strong support for increasing the federal minimum wage to $15, including it in his proposed $1.9 trillion COVID-19 relief package.

For an interactive map from The Nation’s Health showing the base minimum wage in every U.S. state, visit bit.ly/wagemaph.

— Michele Late
As health worker deaths mount and federal counts lag, joint journalism project documents lost lives

Q&A: Lost on the Frontline: 3,500 COVID-19 health worker deaths and counting

Thousands of U.S. health workers have died from COVID-19 after contracting it on the job, including public health workers. Journalists from Kaiser Health News and The Guardian are working to make sure those deaths are counted.

Lost on the Frontline is a year-old project offering the most comprehensive count of U.S. health care worker deaths from COVID-19. As of mid-February, the project had documented over 3,500 lives lost. It offers not only numbers but also personal stories of those who died and investigative reporting on risks health workers are facing.

About 67% of U.S. health workers who have died from COVID-19 were from minority populations, Lost on the Frontline finds. Nurses and support staff account for the most deaths. And more than half of those who have died were under age 60. Christina Jewett, a senior correspondent for Kaiser Health News, talks about the project’s online interactive database, worker safety and what more might be done.

What’s the purpose of Lost on the Frontline?

It’s meant to memorialize the lives of people who knew the danger they were facing but ran into the proverbial fire anyway and paid the ultimate price. It seeks to humanize victims of this terrible virus for the public, and perhaps give them a reason to avoid spreading it.

It tries to fill a gap in government data, to examine the unique risks workers face and what the government response to those risks have been. We hope to raise awareness about a major area of occupational safety risk and inspire further study and focus on health worker safety.

How does the Lost on the Frontline team gather its information?

We have two recent college graduates who trawl the web every day for new cases, looking at social media, obituary sites, GoFundMe, union memorial sites and other sources. We pull data from the Centers for Medicare and Medicaid Services and the Occupational Safety and Health Administration.

Our numbers aren’t perfect, especially since not every state reports the number of health care workers who die and we know the Centers for Disease Control and Prevention data is a vast undercount. We know we’re missing hundreds of cases, but we’ve currently tracked about 2,000 more than CDC.

What other gaps in government tracking have you found?

We used our own data — compared to complaints to OSHA about personal protective equipment — to discover dozens of instances where workers had decried PPE problems at hospitals days or weeks before a death there. Harvard researchers later discovered that a spike in work-safety complaints to OSHA predicted a local spike in deaths 16 days later. We also discovered that OSHA left the rules on reporting deaths so vague that many employers chose not to, even if there was an outbreak in their workplace.

What trends do you see in the data?

We’ve seen alarming lapses in PPE for those in home health, nursing homes, behavioral and substance abuse care, as well as in small practices. The medical supply chain caters to those who buy supplies by the ton, like hospitals. For those outside that chain, it’s been very challenging. We asked the families of more than 300 workers about PPE concerns, and about one-third said a loved one expressed concerns before their death. Tragically, about three-quarters of those were workers of color.

What more could be done to save lives?

We need more research to help understand why health care workers are getting sick, and why workers of color are dying at the highest rates. You see studies about outbreaks related to people singing or shouting. Yet health care workers are expected to go into small, enclosed rooms with coughing patients to turn them, bathe them, brush their teeth — all in a surgical mask. Is that deadly? Seems risky to me, but there are still many who prefer to say health workers, by and large, got COVID in the community. Ultimately, there’s very little research going down to the level of detail I’d like to see.

― Interview conducted, edited and condensed by Louise Dettman

To access Lost on the Frontline stories and the database of confirmed U.S. health worker deaths, visit www.khn.org/lost-on-the-frontline.

Share the story of a lost health worker

L O S T O N T H E F R O N T L I N E is seeking information about health workers who have died from COVID-19. From doctors and nursing home staff to hospital cleaners and mental health counselors, the project is working to document the range of health workers who are losing their lives during the pandemic. Submissions are accepted at bit.ly/lostonfrontline.
**NATION IN BRIEF**

**ACA enrollment open through May 15**

The federal health insurance marketplace has been reopened, and public health professionals are being called on to spread the word.

In February, the Biden administration opened up the federal Affordable Care Act exchange for a special health insurance enrollment period that goes through May 15. Special enrollment — opened in response to the COVID-19 pandemic and its health and economic impacts — is available to people in the 36 states that use the HealthCare.gov platform. However, the U.S. Centers for Medicare and Medicaid Services urged states that operate their own health insurance exchanges to open up as well.

During the last regular ACA enrollment period, which closed in December, more than 8 million people bought coverage through marketplaces that use HealthCare.gov. As of January, 15 million uninsured people were eligible to shop for plans on the federal marketplace, the Kaiser Family Foundation said.

“This special enrollment period will ensure that more individuals and families have access to quality, affordable health coverage during this unprecedented time,” said Norris Cochran, acting secretary of the U.S. Department of Health and Human Services, in a January news release.

For more information, visit www.healthcare.gov.

**US overdose deaths hit one-year high**

U.S. overdose deaths hit an unfortunate new record last year, increasing in the early months of the pandemic.

In the 12 months ending in May 2020, the U.S. recorded more than 81,000 drug overdose deaths, marking the highest number of overdose deaths ever recorded in a 12-month period, according to provisional data released by the Centers for Disease Control and Prevention in December. The data also suggest overdose deaths accelerated during the COVID-19 pandemic.

Synthetic opioids were the primary driver behind the increase, CDC reported, with such overdoses increasing by more than 38%. Thirty-seven of 38 U.S. jurisdictions with available synthetic opioid data reported increases in related overdose deaths, and 10 western states reported over a 50% increase in synthetic opioid-related deaths. CDC also found an increase in overdose deaths involving cocaine and psychostimulants such as methamphetamine.

Responding to the data, CDC issued a health advisory to medical and public health professionals, first responders, harm reduction organizations and others to expand overdose prevention education. The advisory also called for greater distribution and use of naloxone, a medication that can reverse the effects of an opioid overdose.

For more information, visit www.cdc.gov.

**Study: STD infections reach new high, cost**

As of 2018, 1 in 5 Americans had a sexually transmitted disease, according to new research from the Centers for Disease Control and Prevention.

In a study published in January in Sexually Transmitted Diseases, researchers reported 26 million newly acquired sexually transmitted diseases in 2018. Overall, there were nearly 68 million such infections on any given day that year. About half of newly acquired infections were among people ages 15 to 24.

“At a time when STIs are at an all-time high, they have fallen out of national conversation,” said Jonathan Mermin, MD, MPH, director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, in a news release. “Yet, STIs are a preventable and treatable national health threat with substantial personal and economic impact.”

Direct lifetime medical costs associated with sexually transmitted infections acquired in 2018 totaled nearly $16 billion, the study found. Of the $16 billion lifetime medical costs, more than $13 billion were attributed to HIV infections, $755 million were attributed to HPV infections, and more than $1 billion were attributed to chlamydia, gonorrhea and syphilis. About 75% of non-HIV related costs were women.

**Businesses can aid community health**

Business leaders have a role in improving community health, according to a new surgeon general report.


The report includes dozens of examples of businesses implementing policies, practices and decisions that strengthen community health, while also solving business problems or increasing the business’ bottom line. It also provides recommendations on how businesses can help improve the nation’s faltering health, which lags behind many other high-income countries.

“As a physician, I understand that health happens in communities,” Adams said in a new release. “The fact is, our environment shapes the opportunities we have, and a lack of opportunity can mean poor health, education, family and career outcomes. When Americans lack the opportunity to reach their full health and economic potential, we all pay a price.”

— Kim Krisberg

**NASEM: Achieving net-zero carbon emissions in US possible by 2050**

ACHIEVING NET-ZERO CARBON EMISSIONS in the U.S. by 2050 is feasible, says a new report from the National Academies of Sciences, Engineering and Medicine.

Released in February, “Accelerating Decarbonization in the U.S. Energy System” stated that reaching net-zero carbon emissions would not only address climate change, but also help build a more competitive economy, create high-quality jobs, and tackle inequities in the energy system.

The report offered a technical blueprint and policy road map to get there, including calling on Congress to create economic incentives that drive down carbon emissions. It also laid out nine goals to reach by 2030, such as producing more carbon-free electricity, electrifying energy in transportation services and investing in energy efficiency.

For more information on the report, visit www.nationalacademies.org.

— Kim Krisberg

**Judge blocks EPA rule limiting science**

In a win for science, a federal judge in February vacated a Trump-era rule limiting the kinds of science the U.S. Environmental Protection Agency can use when drafting public health protections.

Shortly before President Joe Biden took office, EPA finalized a rule that would have restricted the use of scientific studies that rely on health data that excluded identifying patient information to protect people’s confidentiality. Such studies have long been used as a basis for EPA regulations, and APHA and other advocates warned the new rule would block access to some of the best science when creating EPA protections.

In February, a judge ruled that EPA had improperly issued the rule, vacated it and remanded it back to EPA.

For more information, visit www.sierrclub.org.
APHA’s Annual Meeting Student Scholarship Fund provides scholarships to help public health students attend the APHA Annual Meeting.

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Workers on swine farms are at highest risk for acquiring MRSA infections from livestock, according to a recent study.

Poor US counties hit hard by COVID-19

The impacts of the COVID-19 pandemic are not evenly distributed throughout the U.S., with already-vulnerable counties suffering more, a January study finds.

Published in JAMA Network Open, the study found that the more disadvantaged an area was before the pandemic, the more infection cases and deaths residents experienced in 2020.

The study indexed more than 4 million COVID-19 cases and about 150,000 deaths that occurred from March through July of last year.

Researchers found a clear association between a county’s social vulnerability index and high COVID-19 infection. The index calculates social determinants of health — such as income, transportation and housing — to determine social and health vulnerability.

“While the first surge was mainly in urban areas with high percentages of Black and Latinx residents, as time went on some of highest rates of cases and deaths were in rural counties with predominately white populations,” Rebecca Tippenni, MD, MSc, the study’s senior author, said in a news release. “But across the board, we find the areas hardest hit by the disease were linked by higher rates of social disadvantage.”

Prescription drugs more costly in US

The cost of prescription drugs is significantly higher in the U.S. compared to other nations, a January report finds.

The Rand Corporation reported that average U.S. prescription costs in 2018 were overall 2.56 times higher than in 32 other high-income countries. The price gap widened for brand-name drugs, which cost on average over three times more in the U.S. For the top 60 brand-name drugs sold in the U.S., costs were almost four times higher.

Brand-name drugs are the primary driver of the higher prescription drug prices in the United States,” Andrew Mulcahy, PhD, MPP, lead author of the study and a senior health policy researcher at Rand, said in a news release.

U.S. prices for generic prescription drugs were lower on average than in the comparison countries, however. While generic drugs make up a majority of prescriptions sold in the U.S., their lower cost does not alleviate the burden of high-cost brand-name drugs, researchers said. Brand-name drugs can cost thousands of dollars per treatment and be the only medications for life-threatening illnesses such as cancer or hepatitis C.

Among the world’s wealthiest industrial nations, France, Italy and the United Kingdom, tend to have the lowest prescription drug prices, while Canada, Germany and Japan have higher prices, the report found.

The researchers estimated that total drug spending for all the nations in the study was $79 billion. The U.S. accounted for over half of sales cost, but only one quarter of volume.

Nighttime light, poor birth health linked

Artificial light exposure at night raises the risk of health problems for both pregnant women and their newborns, according to a January study in the Southern Economic Journal.

Study researchers compared skyglow — how much nearby artificial light sources interfere with natural darkness — in New Jersey cities with birth outcomes. They found higher skyglow and preterm birth, low-birthweight and shorter gestational periods. High levels of skyglow can raise the likelihood of a preterm birth by almost 13%, they found.

“This effect implies that approximately 45,250 preterm births among all live singleton births nationwide could be averted annually,” the study said.

Streetlights are a main source of skyglow, with blue light from LED energy-efficient lights adding to the problem. Eighteen U.S. states had adopted laws to reduce light pollution in 2016. U.S. cities use much more artificial light at night per capita than cities in Germany, suggesting that light pollution may be a cultural problem, the researchers said.

“The biological clock of a human body, like all lives on the earth, needs the darkness as part of the light-dark cycle in order to effectively regulate physiological functions, such as sleep,” study co-author Muzhe Yang, PhD, said in a news release.

Researchers hope the study helps create policy discussions about the problem of nighttime lights on preterm births.

Livestock workers at risk for infections

People who work with farm animals face significantly higher risk of infection from potentially harmful antibiotic-resistant bacteria.

In an October study in Occupational and Environmental Medicine, researchers examined 15 years of data to calculate the risk of farm workers to methicillin-resistant Staphylococcus aureus. Workers handling farm animals have as much as a 15% risk of MRSA infection compared to farm workers not involved in animal agriculture. Workers on swine farms are at highest risk for acquiring MRSA from livestock, followed by cattle workers and veterinarians.

LIVESTOCK-ASSOCIATED MRSA is especially infectious among animals, noted study author Felicia Wu, PhD, a professor at Michigan State University.

“Now it has evolved to infect humans as well,” Wu said in a news release. “Bacteria have shown an amazing ability to jump across species to colonize and cause infections.”

MRSA can have increased globally in part because of decades of antibiotic overuse in animal agriculture. In 2017, the U.S. Food and Drug Administration introduced a monitoring program aimed at curtailing antibiotics for uses other than treating animal diseases.

“Once the bacteria get a hold in an environment, they are really, really hard to get rid of,” Wu said.

Penalties reduce drunk driving harm

Policies designed to keep people from driving under the influence of alcohol can reduce overall harm to others, a January study finds.

Such policies can also dissuade people from getting into a car with a drunken driver, according to the study in Alcoholism: Clinical and Experimental Research.

Researchers examined nearly 30,000 survey responses from people in 12 countries, finding that policies such as criminal penalties, random breath tests and sobriety checkpoints decreased the total harm linked to drunken driving, such as becoming a victim of a crash with a drunken driver. The study also found that raising alcohol taxes decreased the likelihood that someone would ride in a car with a drunken driver.

The researchers said that more attention should be paid to strategies that modify social norms related to drinking.

“Although results are associative and not causal, comprehensive penalties may be promising policies for mitigating driving related harms due to another drinker,” the study said.

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WHO targets tropical diseases that infect 1 billion globally each year

A worker in Barranquilla, Colombia, checks for mosquito larvae in 2015 in an auto yard. Several mosquito-borne diseases are named on a new list of neglected tropical diseases that are being targeted by the World Health Organization.

The poorest people in low-income tropical regions are most at risk for contracting rare infectious diseases, which are often overlooked in major disease eradication campaigns.

In January, the World Health Organization outlined its plan for the next decade to fight 20 neglected tropical diseases, which are infections that historically have not received the same focus and funding as other diseases. Every year, over 1 billion people become ill and about 185,000 die from the diseases. "Ending the Neglect to Attain the Sustainable Development Goals: A Road Map for Neglected Tropical Diseases 2021–2030" sets targets to control, eliminate or eradicate the diseases in 10 years.

The road map's 20 neglected tropical diseases include some that are well known, such as dengue and rabies, and others that are rare but also dangerous. The full list comprises buruli ulcer; chagas disease; chikungunya; dracunculiasis; echinococcosis; foodborne trematodiasis; human African trypanosomiasis; leishmaniasis; lymphatic filariasis; mycetoma; chromoblastomycosis and other deep mycoses; onchocerciasis; scabies and other ectoparasitoses; schistosomiasis; soil-transmitted helminthiasis; snakebite envenoming; taeniasis and cysticercosis; and trachoma.

The diseases are found predominately in tropical countries in Africa, South America and Asia, and they "mainly infect resource-poor communities," according to Ashok Moloo, a WHO information officer. "Their correlation with poverty is so close that they are sometimes referred to as diseases of neglected populations," Moloo told The Nation's Health. "Such entrenched among disadvantaged population groups with little public voice contributed to their neglect."

WHO plans to work closely with member countries and their national health systems to fight the diseases. The focus will be on improving health care services, teaching better hygiene and safer animal agriculture, as well as creating infrastructure that improves vector control, water quality and sanitation practices.

Overarching 2030 goals include 90% reduction in infections and 100 countries eliminating at least one disease.

For more information, visit www.who.int. — Mark Barna

Lindsay Syms contributed to this story

GLOBE IN BRIEF

Climate change harms children's nutrition

Rising global temperatures caused by climate change are worsening child malnourishment around the world, a new study finds.

Published in the January issue of Environmental Research Letters, the study drew its findings from 30 years of climate, ecological, socioeconomic and geographic data. Researchers examined data on 19 countries in Asia, Africa and South America on more than 107,000 children, finding a link between hotter temperatures and high numbers of underfed children.

"Certainly, future climate changes have been predicted to affect malnutrition, but it surprised us that higher temperatures are already showing an impact," study lead author Meredith Niles, PhD, an assistant professor of nutrition and food sciences at the University of Vermont, said in a news release.

Temperature increases outweighed other harmful factors known to contribute to malnutrition, such as low education, poverty, poluted water and unsafe sanitation. When examining diet diversity, the researchers found that children in resource-poor countries scored half as high on average as children in high-income countries.

The study found that improved diet was linked to increased rain, though the climate change link suggests harmful effects over time.

Stockpile established for Ebola vaccine

International health and humanitarian organizations have come together to establish a global Ebola vaccine stockpile.

The World Health Organization, UNICEF, International Red Cross and Doctors Without Borders are planning to create a stockpile of 500,000 Ebola vaccine doses within the next three years. The initial inventory of vaccine supplies comprised almost 7,000 doses.

While other vaccines may be considered in the future, the Switzerland-based stockpile will initially only be used for Ebola-related supplies. Decisions to allocate vaccine distribution can be made within 48 hours.

"This Ebola vaccine stockpile is a remarkable achievement, one that will allow us to deliver vaccines to those who need them the most as quickly as possible," Henrietta Fore, MS, UNICEF executive director, said in a February news release.

Weeks after the stockpile announcement, the Democratic Republic of Congo reported a new Ebola outbreak. As of mid-February, Congo health officials had not requested stockpile access.

For more information, visit www.who.int.

Child health goals at critical juncture

The next five years are critical for determining if sustainable development goals for children will be met by 2030, a January UNICEF report predicts.

Issues such as economic inequality, governmental instability and the COVID-19 pandemic have upended global goals for children's health, according to the report. While new technologies, access to education, poverty, and global misinformation have helped improve health of kids, those gains are in jeopardy, said "Prospects for Children: A Global Outlook 2021-2025."

"This state of the world today threatens to overshadow two decades of historic progress that has shaped the lives of children for the better," the report said.

The report provides an overview of current issues affecting children's health, as well as those that could define the next five years. Looking ahead, UNICEF expects that vaccine hesitancy, antibiotic resistance and global misinformation are among the issues that could create barriers.

For more information, visit www.unicef.org.

New TB definitions released by WHO

To help people with tuberculosis receive better treatment, the World Health Organization has updated its definitions for two drug-resistant forms of the disease.

In January, WHO's Global TB Program released new definitions for extensively drug-resistant tuberculosis and pre-XDR-TB. The definitions were changed to help clinical and global detection which TB patients require complex treatment regimens. In addition to better treatment, the revisions are expected to improve reporting, surveillance and monitoring.

Pre-XDR-TB is now broadly defined as multidrug-resistant and rifampicin-resistant TB that is also resistant to fluoroquinolone. XDR-TB is the same, except there is also resistance to at least one additional Group A drug.

The updated definitions reflect growing TB severity and drug resistance and the decreasing number of available treatments. The WHO definition of multidrug-resistant tuberculosis was unchanged.

For the full definitions, visit www.who.int/tb. — Aaron Warnick

For the full definitions, visit www.who.int/th.

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Malnutrition, wasting risks rise among youth around world
COVID-19 pandemic fueling rise in child hunger

In 2019, U.S. child hunger hit its lowest point in more than two decades. Then the COVID-19 pandemic arrived, wiping out years of progress in a matter of months.

Similar trends are unfolding around the world, exposing the fragility of hard-fought food security gains and putting children’s short- and long-term health in serious jeopardy. Last summer, U.N. leaders warned in a commentary in The Lancet that the pandemic was critically exacerbating existing child malnutrition and hunger, putting kids at greater risk of death from COVID-19.

A July study estimated that an additional 6.7 million children younger than 5 went malnourished in low- and middle-income countries in the pandemic’s first 12 months, with most of those children in south Asia and sub-Saharan Africa. More than 10,000 additional child deaths per month also occurred in that same time period.

Before the pandemic, about 47 million children younger than 5 were moderately or severely wasted, defined as being too thin for their height. And 144 million were affected by stunting, defined as being too short for their age.

Lack of nutritious food can be especially harmful for very young children, who are going through critical physical and cognitive development stages, and is a key underlying cause of child deaths due to diseases such as diarrhea, malaria, pneumonia and measles.

In The Lancet commentary, leaders of the World Health Organization, World Food Program, UNICEF and Food and Agriculture Organization estimated a minimum of $2.4 billion was needed “immediately” to protect at-risk children, prevent and treat malnutrition, and avoid more child deaths. They called on governments and other stakeholders to take urgent steps, including safeguarding access to nutritious and affordable diets as central to COVID-19 response.

“The estimated increase in child wasting is only the tip of the iceberg,” cautioned the U.N. agencies. “The COVID-19 pandemic is also expected to increase other forms of child malnutrition, including stunting, micronutrient deficiencies and overweight.

The global community’s failure to act now will have devastating long-term consequences for children, human capital and national economies.”

According to UNICEF, its country offices reported a 30% decline in overall coverage of nutrition services for women and children in low- and middle-income nations in the early months of the pandemic, and declines of 75% to 100% under certain stay-at-home conditions.

In January, UNICEF reported that 370 million children worldwide, many of whom depend on school meals as a key source of nutrition, have missed 40% of in-school meals, on average, since the start of the pandemic. Overall, more than 39 billion in-school meals have been missed.

Health advocates worry continued school closures and a lack of school meal programs — which often act as an incentive for keeping the most vulnerable children in the classroom — will also lead to millions more students dropping out of school.

“COVID-19 is a focusing event, with many more people now making the connection between food security and (food system) disruptions,” said Rebecca Heidkamp, PhD, an associate scientist at Johns Hopkins Bloomberg School of Public Health and an expert on nutrition programs in low-resource settings. “However, nutrition has not typically gotten the political traction we’d like to see.”

Even before the pandemic, she noted, only a small number of countries were on track to meet nutrition targets included in the global Sustainable Development Goals, which U.N. members adopted in 2015. Those targets include ending all forms of malnutrition by 2030 and meeting internationally agreed-upon objectives on stunting and wasting among kids younger than 5. COVID-19 has likely pushed those goals beyond their target dates.

In a December preprint study published in Nature Food, Heidkamp and co-authors estimated that by 2022, COVID-19 and its economic, food and health system disruptions could result in an additional 9.3 million wasted and 2.6 million stunted kids in low- and middle-income nations.

The pandemic could also cause 168,000 additional child deaths, 2.1 million maternal anemia cases and 2.1 million children born to women with low body mass index. They estimated potential future productivity losses of $29.7 billion due to excess child stunting and death during the pandemic. An additional $2.1 billion per year is needed to mitigate such impacts, the study found.

Heidkamp said there are effective interventions to address the problem in the short term, such as quickly scaling up nutritional supplementation for pregnant women and young children. For example, she pointed to small-quantity lipid-based nutrient supplements, which are typically added to home cooking and have been shown effective in improving child nutrition and development.

However, she said longer-term investments to boost resiliency in food supply chains and strengthen social protection programs are also needed.

“It’s not just food — it’s really about nutritious food,” Heidkamp told The Nation’s Health.

The Nation’s Health. “It’s about healthy food security and affordability that also works with people’s lifestyles.”

In the U.S., the child nutrition crisis is not nearly as severe as it is in many nations. But child hunger in the U.S. is on an incline, with projections showing a rise from 5.3 million food-insecure children in 2019 to a high of 17 million in 2020, with disproportionate impacts on Black and Hispanic families.

Jason Gromley, director of advocacy and government relations at Share Our Strength, which runs the No Kid Hungry campaign, said the U.S. is now looking at a future in which 1 in 4 kids faces hunger.

“But we know how to fix this,” he told The Nation’s Health. “We know child nutrition programs like school meals and SNAP are key to meeting these basic needs. That’s the place where we as a society have a solution. It just takes political will.”

For more information, visit www.unicef.org and www.nokidhungry.org. — Kim Krisberg

Moving Life Course Theory into Action: Making Change Happen
EDITED BY SARAH VERBIEST, DRPH, MSW, MPH

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

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

ISBN: 978-087553-2950, 496 pages, Softbound, 2018

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In memoriam

Geiger, social justice
health advocate

H. Jack Geiger, MD, ScD, Msce Hyg, a co-founder of Physicians for Social Responsibility, died in January in New York City. He was 95.

A longtime APHA member, Geiger was awarded the APHA Award for Excellence in 1973 and the Association’s most prestigious honor, the Sedgwick Medal, in 1988. For much of his career, Geiger focused on issues of poverty and human rights, initiating the community health center model in the U.S. and helping lead the development of a national health center network of hundreds of urban, rural and migrant centers.

His human rights work spanned many decades. He was a founding member of the Congress of Racial Equality in 1943 and a founding member of the Medical Committee for Human Rights in the 1960s, serving as field coordinator of the committee’s 1964 program to protect and provide medical care for civil rights workers in Mississippi. In 1961, he became a founding member of Physicians for Social Responsibility, and in 1986, a founding member of Physicians for Human Rights. Over the years, he led human rights missions around the world.

In the early 2000s, Geiger used his years of experience to highlight health disparities in the U.S., contributing to the Institute of Medicine’s landmark report on unequal treatment.

Lockhart, health policy expert

Carol Ann Lockhart, MD, retired human rights and health advocate, died in October in Chandler, Arizona. She was 78.

A former APHA member, Lockhart retired in 2016 as president of the Human Rights Program, a multi-center consortium across the U.S. and Puerto Rico to evaluate the impact of antiretroviral therapy on the long-term health of children with HIV. She also served as executive director of the Arizona Public Health Association.

Seage, pediatric HIV researcher

George R. Seage III, ScD, MPH, a longtime HIV researcher, died in January. He was 63.

For the past 15 years, Seage served as principal investigator of the Pediatric and HIV/AIDS Cohort Study, a multi-center consortium across the U.S. and Puerto Rico.

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Insider tips for handling those horrible headaches

By Aaron Warnick

You may feel one coming on, or it might hit you out of the blue. However it starts, a headache can ruin your day.

Headaches can range from mild numbness to a feeling like your head is pounding. They can last a short or long time, come in clusters or appear as a single occurrence. Scientists have identified about 150 types of headaches.

“Simply put, a headache is pain experienced in the head or face,” says Lawrence Newman, MD, FHAS, director of the Headache Division at New York University's Grossman School of Medicine. “Depending on the cause of the head pain, the pain may be felt as an ache, pounding, stabbing or pressure-like sensation.”

You usually don’t need someone to tell you whether you have a headache. You know it when you feel it. But learning why your head hurts can help you figure out the best treatment or how to prevent one from coming on.

Headaches can be caused by emotional reasons, such as worry or depression or by experiencing a stressful event. They can also have medical causes, such as high blood pressure, a head injury or dehydration. Some people have headaches because they are sensitive to things like light, noise or weather.

Most headaches that people have are primary, meaning that the headache is your main problem. Some primary headaches have simple causes, and others can be chronic conditions that require a doctor’s attention. Overactive blood vessels, nerves or brain chemicals can cause primary headaches.

Secondary headaches, in which your headache is triggered by something else, can be caused by health issues ranging from the common cold and seasonal allergies to serious medical conditions.

Identifying the problem

Many headaches can be brought on by things happening around you. Noise is a common cause of headaches, so lower the decibels if you can, move away from the source or wear earplugs. White noise devices can also help drown out annoying sounds, such as street noise.

Another common cause of headaches is light, which can come from many sources. If bright artificial light is a problem, dim the source or look away and shield your eyes, while moving as far from the source as possible. If it’s blue light from a computer screen, take a break from the computer for at least 15 minutes. If it’s sunlight, wear sunglasses and a hat to shade your eyes.

Sometimes things you eat or drink can cause headaches. Processed meats can cause some people to experience headaches. Sugary drinks, alcohol and caffeine can have strong effects on your body, especially if consumed in excess. The best way to avoid those types of headaches is to avoid or cut back on things that cause them.

But it’s not just food, drinks or external stimuli that can cause your head to throb. It can also be a signal you’re not getting what you need to maintain health and well-being.

Headaches can signal that you’re missing out on important food nutrients, restful sleep or proper hydration.

If you feel a headache coming on, think about the foods you have eaten recently, when you last ate, the amount of water you have consumed and how many hours of sleep you are getting each night. If you only slept three hours, skipped breakfast and downed several cups of coffee, you may have found the cause of your headache.

Your sinuses are another likely culprit. Your sinuses surround your eyes and nose, and when they get inflamed, usually through an allergic reaction, the resulting pressure can cause a headache. Headaches from seasonal allergies tend to occur most often in the spring.

If your headaches are frequent or long-lasting, talk to your doctor. You may be suffering from migraines, or something more serious.

People with migraines sometimes experience nausea, vomiting, and light and sound sensitivity. Migraine headaches can last for hours or days, causing you to lose time from work, school or other important everyday activities.

Don’t ignore these headaches

Most headaches go away on their own or with over-the-counter pain relief medications. If they don’t, you should talk to your doctor. In particular, seek help if you have:

- Severe headaches that occur rapidly or don’t respond to pain relief medications.
- Frequent headaches that interfere with your regular daily activities.
- Headaches that come after physical exertion, such as exercise or sexual activity.
- Headaches after a head injury.
- Headaches associated with numbness, weakness, or speech and vision loss.
- Reoccurring headaches that start after age 50.

For more information, visit www.americanmigrainefoundation.org