



Update April 2020

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Normally this section would be written solo by board president, Omar Khan, MD, MHS and would weave his passion for all things automotive into a discussion about current events and Academy/DPHA developments. These sections have been a method to translate complex public and population health concepts into more accessible reads. This month Dr. Khan is driving multiple vehicles at the same time by virtue of the many hats he wears- and he needs to keep his eyes on those various roads.

So, this month, we add a co-driver as well. Kate Smith, MD, MPH adds an important perspective for this month's commentary. These times are a bit like being on the German Autobahn – fast, furious, and lots of curves and straightaways. Buckle up, eyes on the road, awareness of your surroundings, and ~~social~~ **physical** distancing are the rules of the road. As are having co-drivers, navigators and a pit crew.

Now – where is that light at the end of the tunnel?

Tim Gibbs, MPH; Executive Director

The *Khan*versation

Dear Friends,

We live in unique times. I suspect you all have not heard the words 'coronavirus,' 'social distancing,' 'public health,' and 'pandemic' ever this much in your lifetime as you have in just the last few weeks

As of this writing, COVID-19 has spread across much of Europe and the US. It appears to have peaked and is on the decline in China and in South Korea. Much of this is an opportunity to do what we do best: respond, assist, improve. A few thoughts on our current situation:

We aren't very good at social distancing in public health. In fact, we thrive on social closeness. We associate it with societal cohesiveness, with affinity, with belonging, with community. So it's no wonder many of us feel these characteristics under threat in the time of COVID19. I suggest we reframe this to 'physical distancing' as the necessary aspect; but in fact focus on social cohesion. This can be achieved in this technological age through video, phone calls, and other forms of communication.

We must flatten the curve to allow more time. To recap what has already been said elsewhere: all are at risk; this is a lot worse than the flu; our seniors are particularly vulnerable. Other settings offer a look at what happens when one does nothing to restrict large gatherings: the rapid spread and higher virulence overwhelms the care system. Are there questions about large-scale shutdowns? Sure. Killing the economy that ultimately supports the social determinants of health will also take lives. No job for months = no money for food, shelter and healthcare (remember: we might call it a right but still ask



people to pay for it). So this is an opportunity to message what has worked elsewhere: shutdown properly, remain connected, and if we do this right, it will be over and it will be better.

Remember that both paranoia and its opposite, optimistic self-delusion, are equally problematic. Yes, lives will be lost: we must face that. We should place these in perspective: lives lost in 2019 to influenza (34,200), gun violence (15,208), opioid overdose (approximately 60,000). In 2019, 7,900 Americans died every day of various causes. If we ran a ticker tape of these on CNN daily, we would become mentally overwhelmed. With COVID19, we must absorb information flow that improves our ability to respond and prepare, rather than the type of information that leads us to panic and become paralyzed.

The good news: all these are preventable deaths. We have the opportunity to address these while being attentive to new threats like COVID19. Washing your hands? Never a waste of time. Getting your flu shot? Right on. Let's bring down those 19M cases and thousands of US deaths from influenza per year as well.

Caring about coronavirus means caring about our health in general. This is a perfect week – National Public Health Week - to consider those healthy behaviors.

Keep in mind also that Love in the time of Corona (with apologies to Gabriel Garcia Marquez) is not impossible (neither, by the way, is attending to other neglected areas - your car for instance - but I digress). There are strategies we can use. There are people we can talk to. There are strategies out there ([here](#), for example) about remaining in touch, about going on virtual dates, and seeing virtual concerts. There are also social obligations we can and must fulfill: remaining even more attentive to those with less. To volunteer online, to give, and to hope.

I know I usually end this column with some variation of 'talk to us'. I'm reaffirming that today. For anyone who wants to talk, who wants an ear to listen - we are here for you. The collective we - our members, our staff, our Board - we are here for each other. Email me at okhan@delamed.org. I look forward to talking with you. Just give me a few minutes - I might be finally getting around to those house and car tasks I never did before!

*Omar Khan, MD, MHS
Board President, Academy/DPHA
President & CEO, Delaware Health Sciences Alliance*

WordSmith

When I first started hearing murmurings about a new virus coming out of China, I wasn't too concerned. There are a lot of things that need to happen for a new virus to (a) infect humans, (b) transmit from humans to humans, and (c) become a big enough problem that other countries sit up and take notice. But all of those things happened, and now public health terms like "social distancing" and "flatten the curve" have been added to everyone's vernacular seemingly overnight.

This pandemic is a new and scary time for all of us at the Academy/DPHA, in Delaware, and, indeed, the world. People are working from home, schools are closed, major cities look like ghost towns, and hospitals and public health departments are scrambling to keep their employees safe while continuing to provide the best and most up to date care possible.

These are strange times. We are all flying by the seats of our pants: trying to work and learn from home, completely re-structure our days, wear face masks in public, and avoid dangerous disease hot-spots while simultaneously trying to stay mentally and physically healthy, put a happy face on for our children, and instill some sense of order to our lives.

If you take nothing else from this crisis, please know this: these are extraordinary times. If you don't come out of this having learned a new language, or painted that room, or taken



up a new hobby, **it's okay**. If all you did was hold on by your fingertips as the world descended into chaos around you, **it's okay**. These are not normal circumstances.

One day, we will look back on this pandemic and commend or condemn; hindsight is 20/20, after all. One day we will look at all the mistakes made, and use them to make it better the next time (because there will be a next time, it is the very nature of infectious disease). One day we will be able to say "I lived through this," but until then, when it gets scary or overwhelming or stressful, just breathe: **it's okay**.

Until then, let me take a moment to thank you. Thank you to the first responders, the health care workers, and the public health professionals working at the potential expense of their own health to keep us safe. Thank you to those staffing pharmacies, grocery stores, gas stations, and other essential businesses. Thank you to the Delawareans abiding by Governor Carney's State of Emergency rules by staying home. Thank you to the parents and guardians who have suddenly found themselves as teachers to their children. Thank you everyone for doing your part in this crazy new normal.

*Kate Smith, MD, MPH
Program Director, Immunization Coalition of Delaware*

COVID-19

By the end of March, the United States has seen over 122,000 cases of COVID-19, and over 2,000 people have died from this new disease ([CDC](#)).

We have surpassed all other countries in the number of cases seen within our borders, and health care systems are stressed to breaking points.

On **March 13, 2020**, Governor John Carney declared a [State of Emergency](#), (and updated it several times). Effective March 24, 2020, Delaware has [closed all non-essential businesses](#), and people are adjusting to a new normal of Social Distancing and working from home.

The State has seen over 200 cases, six deaths, and nine people recover from this disease ([DHSS](#)).

COVID-19 Resources

Delaware Resources:

- de.gov/coronavirus

From the CDC:

- [Guidance](#)
- [Summary of Current Situation](#)
- [Information for Travel](#)
- Information for
 - [Businesses](#)
 - [Pregnant Women and Children](#)
 - [Schools](#)
- [Information for Health Professionals](#)

Centers for Medicare and Medicaid Services

- [Coronavirus Front Page](#)

Consortium of Universities for Global Health (CUGH)

- [COVID-19 Newsletter](#)

Johns Hopkins

- [Resource Center](#)
- Preparedness Pulsepoints Newsletter ([subscribe](#))

National Academies

- [Resources](#)

University of Washington

- [Resources](#)

United States

- [Government Response](#)

Academy Updates

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

The annual County Health Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work, and play. They provide a starting point for change in communities.

"Health is more than what happens at the doctor's office. As illustrated in the model at right, a wide range of factors influence how long and how well we live from education and income to what we eat and how we move to the quality of our housing and the safety of our neighborhoods. For some people, the essential elements for a healthy life are readily available; for others, the opportunities for healthy choices are significantly limited."

Learn how Delaware ranked [here](#).

Due to COVID-19, this year NPHW will be entirely online!

Monday - Mental Health
Tuesday - Maternal & Child Health
Wednesday - Violence Prevention
Thursday - Environmental Health
Friday - Education
Saturday - Healthy Homes
Sunday - Economics



**NATIONAL
PUBLIC
HEALTH
WEEK**

Check out the ways you can integrate NPHW in this time of the Coronavirus Pandemic and physical distancing ourselves from others!

[Click here for more.](#)

National News

COVID-19 Resources

APHA and the entire public health community are working overtime to ensure you have the facts.

What is APHA Doing?

We are urging the public health community to share science-based information with the public and are speaking out for outbreak response funding and support.

[Click here for more information.](#)



AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.

All of Us
RESEARCH PROGRAM

Too often, health care is one size fits all. Treatments meant for the "average" patient may not work well for individual people. Health care

providers may find it difficult to coordinate care among specialists or to access all of a patient's health information. Researchers may spend lots of time and resources creating new databases for every study.

All of Us is working to improve health care through research. Unlike research studies that focus on one disease or group of people, *All of Us* is building a diverse database that can inform thousands of studies on a variety of health conditions. This creates more opportunities to:

- Know the risk factors for certain diseases
- Figure out which treatments work best for people of different backgrounds
- Connect people with the right clinical studies for their needs
- Learn how technologies can help us take steps to be healthier

All of Us is part of a new era in which researchers, health care providers, technology experts, community partners, and the public work together to develop individualized health care.



"The All of Us research program is transformative as it will generate insightful data encompassing the diversity that comprises our population. I am particularly proud of Tim Gibbs and his colleagues at the Delaware Academy of Medicine / Delaware Public Health Association for their important contribution to this program, particularly because it influences how we develop CRISPR-directed gene editing for human therapy. This breakthrough technology relies heavily on the underlying DNA sequence of an individual genome for effective action so having genomic databases that truly reflect that diversity will help us design tools not for a privileged few, but for...All of Us. The research objective of this wonderful program aligns perfectly with the ChristianaCare mission of a patient first approach to therapeutic gene editing for cancer and infectious diseases."

Eric B. Kmiec; Director, Gene Editing Institute
Helen F. Graham Cancer Center & Research Institute; ChristianaCare

CALL TO ACTION

The goal of the Delaware Academy of Medicine / Delaware Public Health Association is to see Delaware's residents, in all of our diversity, well represented in the All of Us Research Program. Click here to join! <https://participant.joinallofus.org/#/register>

April is...

Alcohol Awareness Month
Autism Awareness Month
Donate Life Month
Minority Health Month
Sexual Assault Awareness & Prevention Month

[And Much More!](#)

Additional Resources

Delaware Division of Public Health: [The DPH Bulletin](#)

Trust for America's Health: Wellness and Prevention Digest - [Subscribe](#)

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