In this newsletter:

- August issue of the Delaware Journal of Public Health is [online](https://djph.org).
- Academy/DPHA Events
- In Memorium - Robert B. Finn, M.D.
- APHA - All Hands On Deck for Reproductive Health

### Delaware Journal of Public Health

#### August Issue

**PLACE MATTERS**

The August 2022 edition of the Delaware Journal of Public Health is called "PLACE MATTERS." Health matters and, as always, intersects with every other aspect of society. One of the most important aspects is place and thus, "PLACE MATTERS." In public health we know this to be a truth, yet the concept of "place" can be difficult to understand and even more difficult to manage. So what is "place"?

Place happens at the intersection of the natural and built environment, as they intersect with social, economic, and political factors. This is to say, it is difficult to look at one aspect of place without observing and assessing the influence of the other factors. Case in point: any place along a body of water or a river – an attribute shared by much of Delaware.

"PLACE MATTERS" aligns planning and public health as partners along with institutions like higher education and our State's healthcare institutions. It also aims to engage every community member in a conversation which prompts us to think about the deep implications of where something is, and how it can lead to healthy lifestyles, safe neighborhoods, navigable environments, high-quality education and gainful employment. Place is thus a proxy for everything else, and as always, it matters to health.

Read more here, or at [https://djph.org](https://djph.org).

### Academy/DPHA Events

**APA Delaware 2022 Fall Conference**

The Delaware Chapter of APA and Academy/DPHA are partnering again and looking forward to our next big event, scheduled for October 5 and 6, 2022. [Details](https://djph.org). Information, including descriptions and bios, is now available and will continue to be updated as the conference quickly approaches.

Register Online!
Robert B. Flinn, M.D.

Robert Barr Flinn, M.D. died at age 91 in Greenville, Delaware, on September 2, 2022, of metastatic melanoma. He was born in Wilmington, Delaware in 1931 to Elizabeth Waters Flinn and Lewis Barr Flinn, M.D. After attending Friends School, he graduated from Princeton University in 1952 and received his medical degree from Johns Hopkins University School of Medicine in 1956.

[Continue to the complete obituary]

To view the oral history recording of Dr. Flinn, please [click here].
We call on all public health professionals to review the policy statements above and reach out to our task
geographical jurisdiction, and patients could participate in other states’ Medicaid programs.
seeing a higher demand would receive support, federal funding could pay for travel expenses to receive
One way to support states in this endeavor is to recommend that President Biden’s Department of Health
health services consistent with public health values and frameworks.”
As the activist and poet Audre Lorde said, “There is no such thing as a single-issue struggle because we
denying people abortion has adverse impacts on the health
and community ties. Research shows that denying people abortion has adverse impacts on the health
as affected by healthcare access as well as education, economic stability, our environment, and our social
As APHA Executive Director Dr. Georges Benjamin stated in a release following the decision, APHA
recognizes abortion as a right and a fundamental component of healthcare. As public health
professionals we need to work to mitigate the harms that come with the fall of Roe v. Wade, just as we
act in response to other public health crises.
According to a new article in Advancing New Standards in Reproductive Health written by SRH section
members, there are three things public health departments can do to help mitigate these harms:
1. In states where abortion is illegal, public health professionals should use local data to estimate
   how many pregnant people will be forced to continue a pregnancy. They should also increase
   public health capacity to care for the pregnant people, children, and families in the areas of
   highest need.
2. Public health professionals should provide resources on where and how to obtain an abortion for
   those requesting it; anticipate more self-managed abortions; and work to ensure these abortions
   are not criminalized in our areas.
3. In states like Delaware, where abortion remains legal, public health professionals should support
   and strengthen the existing abortion care delivery system and facilitate access to abortion. APHA
   has also called on state and local governments to allow health departments to continue engaging
   in activities related to abortion.
Additionally, legal experts note that cities in states that make abortion illegal can provide abortion care
prosecution protection or possibly even provide abortion care directly. They recommend progressive local
prosecutors use their discretion to decline bringing legal proceedings against medical staff, public health
professionals or patients in these cases.
Also, staff working for government-owned hospitals or clinics should talk with their legal and
administrative departments about how to document miscarriages, ectopic pregnancies, and other
conditions that are likely to be scrutinized. The Big Cities Health Coalition recently released a statement
pledging to combat all attempted criminalization of medical professionals who provide these services and
pledged to work together to combat misinformation.
As the activist and poet Audre Lorde said, “There is no such thing as a single-issue struggle because we
do not live single-issue lives.” We know from the social determinants of health that health equity is
affected by healthcare access as well as education, economic stability, our environment, and our social
and community ties. Research shows that denying people abortion has adverse impacts on the health
and well-being of pregnant people, children and families.
Our section works to learn from and lift the values of the abortion justice framework in ensuring abortion
access for all. We strive to reframe abortion within the public health context. Please visit the Reproductive
and Sexual Health section of the APHA website for social media shareables, news releases, and these
recent policy statements adopted by APHA on abortion:
- Improving the Role of Health Departments in Activities Related to Abortion
- Recommendations for Pregnancy Counseling and Abortion Referrals
- Restricted Access to Abortion Violates Human Rights, Precludes Reproductive Justice, and
  Demands Public Health Intervention
- Renouncing the Adoption or Misapplication of Laws to recognize Fetuses as Independent of
  Pregnant Women
- Decriminalization of and Support for Self-Managed Abortion
As the APHA statement from Dr. Benjamin noted, “States must take action to make the procedure legal
for patients who seek it and abortion providers who offer the essential health care service. Further, states
should fund and equip their public health departments to help people obtain comprehensive reproductive
health services consistent with public health values and frameworks.”
One way to support states in this endeavor is to recommend that President Biden’s Department of Health
and Human Services declare this time a public health emergency. This would ensure abortion clinics
seeing a higher demand would receive support, federal funding could pay for travel expenses to receive
an abortion out-of-state, registered nurses could perform abortions, doctors could practice outside their
geographical jurisdiction, and patients could participate in other states’ Medicaid programs.
We call on all public health professionals to review the policy statements above and reach out to our task
force chairs with any questions. Join us today in defense of bodily autonomy.

Additional Resources

Delaware Division of Public Health - The DPH Bulletin
Trust for America's Health: Wellness and Prevention Digest - Subscribe
Johns Hopkins Infectious Diseases COVID-19 Grand Rounds - View Schedule

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