A QUASI-CATEGORICAL DEMURRAL

Harvard University Professor Arthur Scheslinger, Jr. served as a special assistant and “court historian” to President John Kennedy until the latter’s death in November 1963. Two years later, his book “A Thousand Days: John F. Kennedy in the White House” was published. Around that same time, when interviewed he was asked to assess the impact of the Kennedy presidency. He easily could have stated that it still is too soon to offer a complete assessment, but instead he indicated that it was best to characterize the situation as a quasi-categorical demurral.

While recognizing it may be highly unlikely that many individuals would express their views in this kind of parlance, for the sake of argument let’s assume for the purpose of the following brief disquisition that the professor’s use of this terminology can be applied constructively to COVID-19 and its imagined aftermath. As indicated by an article on page six of this issue of TRENDS, more than 100,000 scientific publications already have been published about the coronavirus, but until it runs its final course, presumably any satisfying definitive analysis will have to remain a work in progress for the nonce.

The purported necessity of closing down a major portion of the U.S. economy, the largest in the world, is a topic that undoubtedly will attract considerable attention. One aspect certainly will include whether deleterious health impacts, such as increases in child/intimate partner abuse, alcohol/drug substance use/abuse, suicidal ideation, homelessness, and lost educational opportunities for students ultimately proved to be more devastating than COVID-19 itself.

Closer to home regarding the academic community, some insights are provided by an editorial published in the August 29, 2020 issue of the British medical journal The Lancet. For example, the pandemic is undermining the ability of researchers to do their jobs and of universities to provide a high-quality and safe educational experience for students. Moreover, the pandemic will have complex, unexpected, and long-term implications for research that must be anticipated now. Essential pillars are under threat, such as a workforce with the skills, training, experience, relationships, and networks needed for research excellence; necessary resources, including funding; and multidisciplinary perspectives supported by science. Spending on education and research is threatened by economic downturns with academic budgets squeezed by COVID-19, jeopardizing jobs and research funding.

An effective vaccine soon may become available. According to information appearing in the August 29-September 4, 2020 issue of The Economist, the pollster YouGov reveals that only 37% of Republicans and 61% of Democrats say they would be vaccinated for COVID-19. The figure is barely 30% for middle-aged and less-educated individuals on the right end of the political spectrum. Not only in the U.S., but among other nations “anti-vaxx” sentiments have many followers who are even more distrustful about vaccine safety and effectiveness than U.S. residents. Hence, while there is value in looking ahead to a time when this coronavirus disappears, it essentially remains much too soon to understand its full impact.
WHISTLING THE COLLEGE HORNPIPE

In the novel *David Copperfield* by Charles Dickens, Mister Micawber gave young Copperfield a piece of advice that may exceed in prescience the cumulative wisdom of all treatises ever written on the subject of home economics.

- “Annual income twenty pounds, annual expenditure nineteen nineteen six, result happiness.

- Annual income twenty pounds, annual expenditure twenty pounds ought and six, result misery.

The blossom is blighted, the leaf is withered, the God of day goes down upon the dreary scene, and-and in short you are for ever floored. As I am.”

In order to underscore the grave and serious nature of his contention, Mr. Micawber then drank a glass of punch with an air of great enjoyment and satisfaction, and whistled the college hornpipe.

As shown in 2020 because of COVID-19, excessive debt can be ruinous, destroying households and business enterprises alike. Government in the U.S. at state and local levels also has been devastated by debt. Meanwhile, along lines of whistling the college hornpipe the federal government continues to thrive despite adding trillions of dollars to an ever growing mountain of debt that already exceeded 20 trillion dollars at the beginning of this year. The difference is that Congress can appropriate funding for emergency purposes while the Federal Reserve can purchase debt instruments, lower interest rates, and print money.

Even when Congress is unable to reach agreement on additional sources of pandemic-related funding, as mentioned in the previous issue of this newsletter, the nation’s president can sign executive orders that influence the flow of money and other policies. During the month of August 2020, President Donald Trump released a series of orders that include: a payroll tax deferral for workers, provision of weekly federal jobless benefits, expansion of a congressionally-approved eviction moratorium that expired in July 2020, relief for student borrowers, increased access to telehealth, support for rural hospitals, and the production of more drugs made in America while loosening federal drug-safety and environmental regulations that are perceived as placing domestic producers at a disadvantage.

Similar to previous years when Congress is unable to complete work on 13 separate appropriation bills by the start of a new fiscal year each October 1, to avoid an impending shutdown one or more short-term continuing resolutions (CRs) are implemented. Currently envisioned is a stopgap spending measure that would be effective until December 11. Despite it being an election year that will reduce the amount of time available to pass other bills while House and Senate members are on the campaign trail, the House Energy and Commerce Committee was able to consider 26 health bills during a September 9 markup that involved expanding access to mental health services, combating the opioid epidemic, and reauthorizing key public health programs. The vast majority of more than 8,349 House bills (1,037 for health) and 4,656 Senate bills (585 for health) introduced in the 116th Congress as of September 22, 2020 will not be passed and enacted, but could be reintroduced beginning next year.

<table>
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<tr>
<th>2020-2022 ASSOCIATION CALENDAR OF EVENTS</th>
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<tr>
<td><strong>October 22, 2020</strong> at 1-3:30 PM Eastern: ASAHP Connect &amp; Engage Virtual Meeting</td>
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<tr>
<td><strong>May 13-14, 2021</strong>—Leadership Development Program in Columbus, OH</td>
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<tr>
<td><strong>October 20-22, 2021</strong>—ASAHP Annual Conference in Long Beach, CA</td>
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<td><strong>October 19-21, 2022</strong>—ASAHP Annual Conference in Long Beach, CA</td>
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HEALTH REFORM DEVELOPMENTS

Although the availability and accessibility of high quality health care services play an obvious and indispensable role in enhancing individual and community health status, health care by itself is not sufficient to produce desirable outcomes. Family history helps to determine the degree to which an individual may be at a higher risk for acquiring various ailments, such as cancer and cardiovascular disease. Poverty can affect the ability to obtain an education, live in a safe neighborhood in housing that is not substandard, afford a nutritious diet, have access to suitable transportation, and be able to meet any out-of-pocket health care expenses. Lifestyle factors from the standpoint of avoiding substance abuse and engaging in risky behavior that increases the risk of accidents also will be determinants of health status.

Poverty Rates For Blacks And Hispanics Reach Historic Lows
The state of the U.S. economy influences the kinds and availability of employment opportunities open to individuals seeking jobs. Positions that pay a satisfactory wage and include health insurance coverage contribute to improved health. In 2019, the poverty rate in this nation was 10.5%, the lowest since estimates were first released for 1959. Poverty rates declined between 2018 and 2019 for all major race and Hispanic origin groups. Blacks and Hispanics, reached historic lows in their poverty rates in 2019. The rate for Blacks was 18.8% and for Hispanics, it was 15.7%. These estimates were released on September 16, 2020 by the U.S. Census Bureau. They are from the Current Population Survey Annual Social and Economic Supplement. Nonetheless, it remains significant that inequalities persist. Even with these gains, Blacks and Hispanics continue to be over-represented in the population in poverty relative to their representation in the overall population.

In 2019, the share of Blacks in poverty was 1.8 times greater than their share among the general population. Blacks represented 13.2% of the total population in the United States, but 23.8% of the poverty population. The share of Hispanics in poverty was 1.5 times more than their share in the general population. Hispanics comprised 18.7% of the total population, but 28.1% of the population in poverty. In contrast, non-Hispanic Whites and Asians were under-represented in the poverty population. Non-Hispanic Whites made up 59.9% of the total population but only 41.6% of the population in poverty. Asians represented 6.1% of the population and 4.3% of the population in poverty. These disparities are especially pronounced among children and individuals ages 65 and older.

Necessity Of Having An Adequate Supply Of Competently-Prepared Health Personnel
Much emphasis is placed on health policy development regarding the provision of health insurance coverage and beneficiary ability to obtain care. An aspect that deserves considerably more attention is the health workforce. An implicit assumption seems to be that everything will fall into place nicely once the insurance coverage and access to health care parts of the puzzle are resolved. A different kind of problem that needs to be addressed is whether there is a proper mix of health professionals and the extent to which they are distributed evenly in all regions of the U.S. where their services are required. For example, rural areas tend to experience severe shortages of all kinds of health personnel. A key ingredient in the ability to produce an adequate supply of competently-prepared health professionals is scope of practice legislation where the major focus is at the state rather than the federal level.

States across the nation represent battlegrounds where different professional groups (e.g. psychiatrists vs. psychologists, dentists vs. dental therapists, anesthesiologists vs. nurse anesthetists) vie with one another to determine which practitioners should be given sole authority to treat patients. Claims for exclusivity tend to be based on protecting the safety of patients. California in September 2020 is the scene of a dispute between physicians and nurse practitioners. AB 890 is a hotly contested bill that would grant full practice authority to nurse practitioners by allowing them to practice without physician supervision. The Golden State is behind most other states in empowering nurse practitioners. Currently, nearly 40 other states grant some level of independence to the nursing group and 22 states grant full independence. Nurse practitioners argue that the measure would ease primary care shortages, especially in rural areas, a problem exacerbated by the COVID-19 pandemic. Physicians counter with a view that eliminating oversight by them would lead to a lower standard of care, while also expressing doubt that nurse practitioners would go to rural areas once unencumbered by medical supervision.
DEVELOPMENTS IN HIGHER EDUCATION

Several issue of this newsletter over the months and years have provided information about an important piece of federal legislation known as reauthorization of the *Higher Education Act (HEA)*. Typically, each new session of Congress begins with a pronouncement that the long-awaited reauthorization will occur in coming months. Senator Lamar Alexander (R-TN), chairman of the Health, Education, Labor and Pensions Committee, on several occasions has established reauthorization as a top personal priority that he wanted to see achieved before retiring from Congress this year. Hearings are conducted annually and in October 2019, the House Education and Labor Committee was successful in producing a huge overhaul of higher education programs in the bill H.R. 4674, but it has not been enacted into law.

Had Congress been successful this year, the HEA would have been reauthorized for the first time since 2008. That previous reauthorization expired in 2013. Similar to public health pieces of legislation, such as health professions education, existing programs continue to be funded. Technically, they should expire if left unauthorized, but that step would be too disastrous to take. Even though the HEA as a whole was left unaddressed this year, last December 19th some constructive action did occur. P.L. 116-91, “Fostering Undergraduate Talent by Unlocking Resources for Education Act” or the “FUTURE Act,” provides $225 million in annual funding to historically Black colleges and universities and minority-serving institutions; the Free Application for Federal Student Aid process was simplified; and repayment for certain student loan borrowers was streamlined. Meanwhile, the COVID-19 pandemic helped play a decisive role in obstructing any progress in reauthorizing the HEA in 2020. Instead, whatever appropriations legislation or continuing resolutions are produced for FY 2021, which begins on October 1 of this year, it is expected that higher education programs will continue to be funded at existing levels.

**Final Distance Education And Innovation Regulations**

The U.S. Department of Education (USDE) on September 2, 2020 published in the *Federal Register* its final *Distance Education and Innovation* regulations. These measures will become effective on July 1, 2021. The regulations were developed as a result of a 2019 USDE negotiated rulemaking in which the committee reached consensus on the proposed regulations after seeking comments on what was being proposed prior to issuing final regulations. On the topic of distance learning, it was noted that during the COVID–19 pandemic, some accrediting agencies and State licensing boards are beginning to recognize opportunities presented by distance learning and are permitting certain portions of programs to be provided through distance modalities. The Department will continue to rely on accrediting agencies and State licensing boards to determine if and when distance learning opportunities meet the education and training needs of students in particular fields. Other provisions that pertain to accreditation include:

- Providing flexibility for distance education and competency-based education, relying on a demonstration of learning rather than “seat time.”
- More clearly defining the requirements for “regular and substantive interaction” in distance education and the permissibility of engaging instructional teams in its delivery.
- Providing flexibility to institutions to modify their curricula at the recommendations of industry advisory boards without relying on a traditional faculty-led decision-making process.
- Clarifying that an institution may demonstrate a reasonable relationship between the length of a program and the entry-level requirements of the occupation for which that program prepares students.

**Rescinding USDE Guidance Documents**

The Department announced on August 31, 2020 that it is rescinding several guidance documents because they are outdated and superseded either by subsequent amendments or enactments. Examples are: Institutional Accreditation for Distance Learning Programs (issued September 28, 2006), State authorization under the Program Integrity Regulations (issued April 21, 2011), Implementing Program Integrity Regulations (issued July 20, 2011), and Clarifying flexibility for accrediting agencies (issued November 5, 2015).
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Delaying Or Avoiding Health Care During The Pandemic Because Of Concerns About COVID-19

According to the September 11, 2020 issue of Morbidity And Mortality Weekly Report, as of June 30, 2020, an estimated 41% of U.S. adults reported having delayed or avoided medical care during the pandemic because of concerns about COVID-19, including 12% who reported having avoided urgent or emergency care. These findings align with recent reports that hospital admissions, overall emergency department (ED) visits, and the number of ED visits for heart attack, stroke, and hyperglycemic crisis have declined since the start of the pandemic, and that excess deaths directly or indirectly related to COVID-19 have increased in 2020 versus prior years. Delayed or avoided medical care might increase morbidity and mortality associated with both chronic and acute health conditions. Avoidance of urgent or emergency care was more prevalent among unpaid caregivers for adults, individuals with underlying medical conditions, Black adults, Hispanic adults, young adults, and persons with disabilities.

Trends And Patterns In Menarche In The United States: 1995 Through 2013–2017

A report on September 10, 2020 from the National Center for Health Statistics (NCHS) presents national estimates of age at first menstrual period for women aged 15–44 in the United States in 2013–2017 based on data from the National Survey of Family Growth (NSFG). The median age at menarche decreased from 1995 (12.1) to 2013–2017 (11.9). The cumulative probability of menarche at young ages was higher in 2013–2017 compared with 1995. Differences in age at menarche exist by Hispanic origin and race, mother’s education, and living arrangement at age 14. A decreasing linear trend in the probability of age at first sexual intercourse by age at menarche was seen. Earlier age at menarche has been associated with greater risk of health problems including breast cancer, obesity, diabetes, liver disease, depression, eating disorders, and substance abuse during adolescence.

HEALTH TECHNOLOGY CORNER

Machine Learning Maps Research Needs In COVID-19 Literature

Since the start of the COVID-19 pandemic, scientific and medical journals have published more than 100,000 studies on SARS-CoV-2. According to data scientists who created a machine-learning tool to analyze the deluge of publications, however, basic lab-based studies on the microbiology of the virus, including research on its pathogenesis and mechanisms of viral transmission, are lacking. Their analysis was published on September 16, 2020 in the journal Patterns. Topic modeling indicates that COVID-19 publications have focused on public health, outbreak reporting, clinical care, and testing for 30 coronaviruses, as opposed to the more limited number focused on basic microbiology, including pathogenesis and transmission. A fast, scalable, and reusable framework to parse novel disease literature, machine learning approaches rapidly can survey the actual text of publication abstracts to identify research overlap between COVID-19 and other coronaviruses, research hotspots, and areas warranting exploration.

Rapid Blood Test Could Detect Brain Injury In Minutes

A blood protein test could detect the severity of head trauma in under 15 minutes, according to research published on September 14, 2020 in the Journal of Neurotrauma. By showing that glial fibrillary acidic protein (GFAP) can determine the severity of a brain injury through a blood test accurately, a research team at the University of Pittsburgh advanced the development of a point-of-care testing device designed to help clinicians assess traumatic brain injury (TBI) in minutes. For the rapid test, the vision included using a hand-held device with a cartridge that would measure GFAP in a patient’s blood. Researchers at Abbott Laboratories, a global health care company, will need to finalize the test for the i-STAT device, which already is used by the military and health care providers around the world to perform several common blood tests within minutes. The blood test would reveal a patient’s GFAP level. An advantage is that guesswork will be eliminated in diagnosing TBIs and learning whether a patient requires further treatment.
Trends

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Scorecard On State Health System Performance

Well before the appearance of COVID-19 in the U.S., there were worrying signs on the horizon for health care in this nation. The Commonwealth Fund’s latest Scorecard on State Health System Performance identifies a range of problems that likely were made worse by the pandemic. In assessing health care in every state and the District of Columbia on 49 measures, this new report finds that:

- Americans are living shorter lives than they did in 2014, and Black Americans are nearly twice as likely as whites to die from treatable conditions.
- Health coverage gains have stalled, while affordability of insurance and out-of-pocket costs have worsened.
- Public health dollars are being stretched thin at a time when states face unprecedented challenges from COVID-19.

The scorecard has information about these trends, enabling readers to make comparisons among states, and it can be obtained at https://2020scorecard.commonwealthfund.org/.

Racial Disparities In Cancer

The American Association for Cancer Research has released its first report on racial disparities in cancer. Even though the disparity in cancer deaths between Black and white individuals has been reduced from 33% in 1990 to 14% in 2016, the report states that Black Americans have had the highest death toll from cancer among all racial groups in the U.S. for the past 40 years. At the same time, individuals from non-white backgrounds have at least twice the rate of death from stomach cancer than white patients with the disease. The inequities exist beyond racial lines. Other marginalized groups, including bisexual women and those with low incomes, tend to have higher cancer rates. The report also outlines how disparities in underlying risk factors, such as HIV and hepatitis infections, contribute to inequities in cancer rates, as do lower rates of cancer screening and insurance in vulnerable portions of the population. The report can be obtained at https://cancerprogressreport.aacr.org/wp-content/uploads/sites/2/2020/09/AACR_CDPR_2020.pdf.

The State of Obesity 2020: Better Policies For A Healthier America

According to a report from Trust for America's Health (TFAH), the U.S. adult obesity rate stands at 42.4%, the first time the national rate has passed the 40% mark, and further evidence of the country’s obesity crisis. The national adult obesity rate has increased by 26% since 2008. Based in part on newly released 2019 data from the Centers for Disease Control and Prevention’s Behavioral Risk Factors Surveillance System (BFRSS) and analysis by TFAH, this report provides an annual snapshot of rates of overweight and obesity nationwide including by age, gender, race and state of residence. Obesity rates vary considerably between states and regions of the country. Mississippi has the highest adult obesity rate in the country at 40.8% and Colorado has the lowest at 23.8%. Twelve states having adult rates above 35% percent are: Alabama, Arkansas, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Oklahoma, South Carolina, Tennessee and West Virginia. As recently as 2012, no state had an adult obesity rate above 35%; in 2000 no state had an adult obesity rate above 25%. Rates of childhood obesity are also increasing with the latest data showing that 19.3% of U.S. youth ages 2 to 19 have obesity. In the mid-1970s, 5.5% of youth had obesity. Being overweight or having obesity at a young age places these individuals at higher risk for having obesity and its related health risks as an adult. Furthermore, children are exhibiting earlier onset of what used to be considered adult conditions, including hypertension and high cholesterol. The report can be obtained at https://www.tfah.org/wp-content/uploads/2020/09/TFAHObesityReport_20.pdf.
COMPOSITION AND CAPACITY OF THE GENETICS WORKFORCE

As genetics increasingly becomes integrated into all areas of health care and the use of complex genetic tests continues to grow, the clinical genetics workforce likely will face greatly increased demand for its services. Genetic testing in clinical settings has increased significantly over the past 10 years. The trend has been driven in part by the rapid decline in the cost of sequencing and been accompanied by the advent of clinical genome-wide sequencing (GWS). Consequently, demand for counseling and consultations with clinical genetics professionals has grown rapidly, resulting in concerns about potential workforce shortages and insufficient health system capacity to meet this growing demand. As a means of informing strategic planning by health-care systems to prepare to meet this future demand, the results of a scoping review of the genetics workforce in high-income countries, summarizing all available evidence on its composition and capacity published between 2010 and 2019, are reported in the September 2020 issue of the journal *Genetics in Medicine*.

The evidence presented includes the composition and size of the workforce; the scope of practice for genetics and non-genetics specialists; the time required to perform genetics-related tasks; caseloads of genetics providers; and opportunities to increase efficiency and capacity. *Allied health care providers*, along with nurses and pharmacists are considered to be among non-genetics specialists. Presently, there is a shortage of genetics providers and a lack of consensus about the appropriate boundaries between the scopes of practice for genetics and non-genetics personnel. A concern is that continued growth in the clinical implementation of GWS is likely to add further pressure on this segment of the health workforce because it requires more intensive decisional support for both patients and health-care practitioners than for less comprehensive genetic tests. Reasons why include the possibility of secondary findings, privacy concerns, difficulty in interpreting test results, and the need to support patients faced with the complex and often unanticipated psychological and informational impacts of genomic testing.

THE NEUROBIOLOGY OF SOCIAL DISTANCE

Social isolation on a massive scale is a product of responding to COVID-19 while recognizing that the social environment has a dramatic impact on a sense of life satisfaction and well-being. When under duress, human resilience depends on the richness and strength of social connections, along with active engagement in groups and communities. Evidence that has emerged in recent years makes it abundantly clear that perceived social isolation (i.e., loneliness) may be the most potent threat to survival and longevity. The World Health Organization in 2019 declared that loneliness is a major health concern worldwide and the United Kingdom recently appointed its first Minister of Loneliness. A manuscript published in the September 2020 issue of the journal *Trends in Cognitive Sciences* highlights the benefits of social bonds; the choreographies of bond creation and maintenance; and the neurocognitive basis of social isolation and its deep consequences for mental and physical health. Accumulating evidence indicates that friendships are a *conditio sine qua non* for health quality. The tighter someone is embedded in a network of friends, the less likely it is that an individual will become ill. The higher the level of social capital, the faster the recovery time will be after becoming ill, the quicker to recover from surgery, and the longer the length of life.

Researchers in the journal study explored the neurobiology of social isolation and the consequences it has for health and psychological well-being. They outline the evidence for the many benefits of social interaction and consider why an individual cannot have an unlimited number of friends, even though they are highly beneficial. These investigators also briefly survey the behavioral patterns that play a central role in creating and maintaining strong social bonds. Finally, an examination is performed of key neurobiological mechanisms underlying social interplay and the impact that social deprivation has on them.