The APHA PHACT Campaign in Action in Delaware

Katherine Smith, MD, MPH & Timothy E. Gibbs, MPH

The abuse of and addiction to opioids like heroin, morphine, and prescription pain killers is a serious global problem, and it is only getting worse. In 2012, between 26 and 36 million people abused opioids worldwide, and 2.1 million Americans were addicted to prescription pain relievers.[1] Over 16,000 deaths were attributed to opioid drug poisoning deaths in that year.[2] In 2017, there have been nearly 100 deaths per day due to opioid use or abuse, and the use of potent synthetic opioids like fentanyl and carfentanil could increase that number to 250.[3]

Substance abuse has a major impact on individuals and communities. These effects can lead to social, physical, mental, and public health problems. Substance abuse has been linked to an increase in teenage pregnancy, HIV/ AIDS and STD transmission, domestic violence, child abuse, crime, homicide, and suicide.[4]

Every year, the American Public Health Association (APHA) develops an awareness campaign to educate members of the United States Congress on the importance of public health in building and maintaining healthy communities. The 2017 Public Health Action (PHACT) Campaign has three main priorities: advocating for public health funding, opposing the repeal or weakening of the Affordable Care Act (ACA), and examining how climate change can impact the health of our nation.[5]

Public Health Funding

Most national public health agencies and programs are funded through discretionary spending, the part of the national budget Congress votes on every year. This means that the budgets for the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) can change every year, depending on the amount of discretionary spending approved. Any cut to that spending could result in cuts to the CDC's programs for emergency preparedness, global health security, health promotion, and disease prevention. HRSA funds programs for HIV/AIDS, rural healthcare, and health worker training. These, and many other programs, will be effected by the lack of funding, and as a result will put the health of the nation at risk.[6]

Protecting the ACA

By offering subsidies, expanding Medicaid, forbidding insurance companies from denying healthcare to people with pre-existing conditions, banning lifetime limits, and requiring all plans to cover essential health services, the ACA created an online marketplace where people could shop for private insurers and get plans that met their needs.[7] Since the ACA was passed in 2010, over 20 million Americans with pre-existing conditions, mental health disorders, and chronic diseases have been able to gain insurance and pay for life-saving procedures and treatments. The ACA also established the Prevention and Public Health Fund to "expand and sustain national investments in prevention and public health programs."[8]

On May 4, 2017, the House of Representatives passed the American Health Care Act (AHCA). The Congressional Budget Office (CBO) reported later that month that the AHCA would increase the number of uninsured Americans to 51 million by 2026[9] and eliminate the Prevention

and Public Health Fund. Eliminating this funding would devastate CDC's budget, where the fund now makes up 12 percent of the agency's annual budget. The AHCA was not considered by the Senate.

On June 26, 2017, the Senate proposed its Better Care Reconciliation Act (BCRA). The CBO reported that the BCRA would increase the number of uninsured Americans to 49 million by 2026.[10] The BCRA was defeated by a vote of 43-57. The Senate also voted on and defeated two other proposals meant to repeal the ACA: the Obamacare Repeal Reconciliation Act of 2017 (defeated 45-55), and the Health Care Freedom Act – also known as the "skinny repeal" (defeated 49-51). All of these proposals sought to repeal or significantly defund the Prevention and Public Health Fund and cut funds to Medicare.

After those defeats, the Senate Majority Leader announced that the Senate would begin focusing its attention on other legislative matters, but that future proposals could be brought forth to repeal or replace the ACA. On August 1, the Senate Health, Education, Labor, and Pensions Committee Chairman announced that bipartisan hearings will be held in early September to hear ideas on how to best stabilize and strengthen the individual insurance market.

Climate Change

The United States has seen increases in prolonged periods of heat, heavy rain, severe floods, and droughts since the 1980s. The National Climate Assessment reports that human-induced climate change has increased both the number and the probability of heatwaves since the start of reliable record-keeping.

These increases in temperature can create additional issues, like increased evaporation, drying of soils, and drought. Warmer air contains more water vapor, which leads to heavier downpours. These downpours have become much more frequent, and the amount of rain falling at one time has increased, which can lead to flooding. Floods can also be due to increased snowmelt, thunderstorms, and storm surges – all of which can be caused by rising temperatures. Hurricanes, winter storms, tornadoes, and damaging thunderstorms have also increased in frequency and intensity since the 1950s, which places a sizable financial and practical burden on a population.[11]

In addition to increasing the global temperature, the number of people in any given area is also increasing. Population scientists expect that "almost all of the world's population growth between now and 2025 will take place in urban areas."[12] The urban poor are at an increased risk during disasters because urban expansion brings about new patterns of water runoff and sewer usage; increased physical hazards during severe weather events like hurricanes, earthquakes, and floods; and an increased population density needing governance.

In 2005 when Hurricane Katrina made landfall in Louisiana, a third of New Orleans citizens lived below the poverty line, and the very poorest lived on the lowest elevations south of Lake Pontchartrain. More than 700,000 lived in mobile homes, 1 in 6 had no method of transportation away from the city, and many of them had to seek shelter in the Superdome. In a time before the ACA, thousands had no health insurance, and many more lost their homes to flood damage.[13]

When Hurricane Sandy crashed into the eastern coasts of New York and New Jersey in 2012, those with low incomes were hit especially hard. Of the 518,000 households asking for federal aid after the storm, 43% reported annual incomes of less than $30,000. The sea surge destroyed or damaged hundreds of thousands of homes and buildings – most of them in low-lying coastal

areas. Floodwaters damaged 402 public housing buildings with more than 35,000 units in New York City alone.[14]

In 2017 to date, there have been 9 weather and climate disaster events with losses exceeding $1 billion each across the United States. These events include 2 floods, 1 freezing event, and 6 severe storms: together they resulted in the deaths of 57 people.[15] Severe weather can lead to injuries and even death, but it can also lead to the development of severe mental health disease if people are forced to abandon their homes and lifestyles due to property loss, physical disability, or financial ruin.

At the level of government, financial and physical losses due to natural disasters can be attributed to many risk factors: poor governance, rapid and poorly planned urbanization, and ecosystem decline to name a few.

Climate change then acts as an overarching magnifier of these risk factors. One of the most significant factors of disaster risk is poverty.[12] It is the communities of color, the sick, the poor, and the homeless that are at an increased risk for disease from and least able to prepare for an extreme climate event.[16] People of lower incomes do not have the funds to pay for the protection from hazards, cannot buffer any losses they may take, nor do they have extra income to help them recover from extreme events.[12]

How Does This Effect Delaware?

Grant Funding

In 2016, over $3 billion in discretionary funds were approved for the CDC and HRSA to disperse to the states. The CDC awarded Delaware over $18 million, or about 0.5% of the total dispersement (see Table 1).[17]

Table 1 Summary profile for funds granted to Delaware in fiscal year 2016[17]

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects, Developmental Disabilities, Disability and Health	$98,826	0.5%
CDC-Wide Activities and Program Support	$1,333,534	7.1%
Chronic Disease Prevention and Health Promotion	$5,468,895	29.0%
Emerging and Zoonotic Infectious Disease	$977,924	5.2%
Environmental Health	$102,113	0.5%
HIV/Aids, Viral Hepatitis, STI and Tb Prevention	$2,463,102	13.1%
Immunization And Respiratory Diseases	$1,555,032	8.3%
Injury Prevention And Control	$1,928,528	10.2%

Public Health Preparedness And Response	$4,243,150	22.5%
Public Health Scientific Services (PHSS)	$28,692	0.2%
Vaccines For Children	$629,114	3.3%
Grand Total	**$18,828,910**	**100.0%**

Delaware was also awarded over $14 million in active grants to fund programs for HIV/AIDS, maternal and child health, and rural health by HRSA.[18]

Most of these funds were granted to the Department of Health and Social Services (DHSS). The DHSS is one of the largest agencies in the state, and employs more than 4,000 people. Its 11 divisions (Division of Services for Aging and Adults with Physical Disabilities, Division of Child Support Services, Division of Developmental Disabilities Services, Division of Long Term Care Residents Protection, Division of Management Services, Division of Medicaid & Medical Assistance, Division of Public Health, Division of Social Services, Division of State Service Centers, Division of Substance Abuse and Mental Health, Division for the Visually Impaired) provide public health, social service, substance abuse and mental health, child support, long-term care, and medical assistance services, among others.[19]

Without these discretionary funds, the department would be unable to provide public health and service programs to the people of Delaware.

Protecting the ACA

In 2016, approximately 64,000 Delawareans (6.8% of the population) were uninsured under the ACA.[20] If the AHCA had been signed into law, over 147,000 Delawareans would be left without insurance.[21] The bill would also cut premium subsidies for low-and middle-income families, and phase out the ACA's Medicaid Expansion, ensuring thousands of Americans would have higher co-pays, higher out of pocket costs, and higher deductibles.[22] If the BCRA had been passed into law, over 142,000 Delawareans would be without insurance by 2026.

Since 2010, Delaware has received over $24 million from the Prevention and Public Health Fund: over $2 million in 2016 alone. If the Prevention Fund were repealed, Delaware would lose more than $12 million over 5 years.[8]

Climate Change

According to the US Census Bureau, 12.4% of Delawareans (118,000 people) were living in poverty in July 2016.[20] In 2014, there were 2,278 people staying in homeless shelters, transitional housing facilities, or receiving services from the homeless outreach team in Delaware.[23] Delaware currently has 1,517 beds in various emergency shelters, transitional housing programs, and permanent supportive housing programs. All of this points to a homeless population that could be seriously affected by climate events and hazardous weather.[24]

The PHACT Campaign and the Opioid Crisis

Grant Funding

Opioid addiction is a complex disorder that can affect every aspect of a patient's life: family, at work and school, and within their communities. Drug addiction treatment, therefore, typically involves many components, delivered in many different settings, and using a variety of behavioral and pharmacological approaches. In the United States, more than 14,500 specialized drug treatment facilities exist to provide counseling, therapy, medication, and case management services to people with substance abuse disorders.

Because opioid abuse is a major public health program, a large portion of opioid abuse treatment is funded by local, state, and the federal government.[25]

In 2012, the Delaware Division of Professional Regulation (DPR) implemented the CDC funded Prescription Monitoring Program (PMP) in an attempt to promote appropriate use of prescription opiates and decrease their abuse.[26] In 2016, the Prescription Drug Overdose Prevention (PDOP) program was funded by the CDC to provide services for patients suffering from opioid abuse. These services include screenings, evaluations, treatment, methadone maintenance, detoxification, and residential services.[27] Without the funding provided by the CDC and HRSA, these programs would not be available to those who need them, and the opioid crisis in Delaware would grow.

Protecting the ACA

The 2014 National Survey on Drug Use and Health reported that, of the 23.5 million Americans suffering from some kind of addiction, only 4.1 million sought and received treatment.[28] Many people who abuse opioids and other drugs are also struggling with mental illnesses like alcoholism, depression, anxiety, bipolar disorder, and post-traumatic stress. ACA plans currently guarantee insurance coverage for multi-disciplinary addiction treatment programs and include treatment for co- occurring mental health conditions.[29] If the ACA is repealed, insurers would no longer be required to cover mental health services as an essential health benefit, and many Americans would lose their ability to safely and effectively fight their addictions.[30]

Climate Change

Addictive disorders are a major cause of relationship disruption and the loss of employment. This can begin a spiral of loss: two-thirds of homeless people reported that drugs and/or alcohol were a major reason for their becoming homeless.[31] Additionally, the stress of homelessness and trying to reverse their situations can lead a person to abuse opiates.[32]

Extreme climate events can have devastating effects on human health. Extremely hot daytime temperatures coupled with very warm night time temperatures do not give much time for heat recovery.[33]

This can put people without access to air conditioners at an increased risk for heat stroke or heat exhaustion. The opposite happens when the weather turns colder: without access to heat controlled spaces, people are at a greater risk for hypothermia and frostbite. People living with no access to shelter are at increased risk for injury and death in hurricanes, snow events, and dangerous thunderstorms.

Opioid abuse and mental health disorders can also leave people at risk for poor decision making and irregular behavior, which can be problematic and dangerous during a weather event.

Conclusion

The PHACT campaign focuses on prevention, preparedness, and public health priorities at a national level. If these priorities are ignored, and funding cut, many Delawareans will lose their basic health care services and no longer have government programs to turn to for assistance. As this issue proves, Delaware – and the nation – have a continuing opioid problem. The Delawareans struggling to beat an opioid addiction, raise themselves out of homelessness, or take care of their families may not succeed if programs are defunded. Our population may be forced to live through increasingly numerous and destructive weather events that take a toll on our belongings and our lives. These priorities are not something we can take lightly.

References

1. Volkow, N. D. (2014, May 14). America's addiction to opioids: heroin and prescription drug abuse. Senate Caucus on International Narcotics Control Hearing. Retrieved from https://www. drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse

2. Fiore, K. (2015, Jan 14). No easing of opioid death toll. Medpage Today. Retrieved from http://www.medpagetoday.com/publichealthpolicy/publichealth/49536

3. Blau, M. (2017, Jun 27). STAT forcast: opioids could kill nearly 500,000 Americans in the next decade. STAT News. Retrieved from https://www.statnews.com/2017/06/27/opioid-deaths-forecast/

4. Healthy People. (2017, Jul 5). Substance abuse. Retrieved from HealthyPeople.gov: https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse

5. Campaign, P. H. A. C. T. (2017). Public health action campaign. Retrieved from American Public Health Association: https://www.apha.org/phact

6. APHA. (a). (2017). Centers for disease control and prevention and the health resources and services administration. Retrieved from APHA: https://www.apha.org/~/media/files/pdf/advocacy/ phact/170228_cdchrsa.ashx

7. Sanger-Katz, M. (2017, Jan 13). The biggest changes Obamacare made, and those that may disappear. Retrieved from The Upshot: https://www.nytimes.com/2017/01/13/upshot/the-biggest- changes-obamacare-made-and-those-that-may-disappear.html

8. Trust for America's Health. (2017, Jan). Reports. Retrieved from Trust for America's Health: http://healthyamericans.org/reports/prevention-fund-state-facts-2017/

9. CBO. (a). (2017). Congressional budget office cost estimate: HR 1628, American Health Care Act of 2017. Washington, DC: Congressional Budget Office. Retrieved from https://www.cbo.gov/ system/files/115th-congress-2017-2018/costestimate/hr1628aspassed.pdf

10. CBO. (b). (2017). Cost estimate: HR 1628, Better Care Reconciliation Act of 2017. Washington, DC: Congressional Budget Office. Retrieved from

https://www.cbo.gov/system/files/115th- congress-2017-2018/costestimate/52849-hr1628senate.pdf

11. Global Change Research Program. (2014). National climate assessment. Washington, DC: US Global Change Research Program. Retrieved from http://nca2014.globalchange.gov/highlights/report- findings/extreme-weather

12. Gordy, M. (2016). Chapter 2: Underlying Risk Factors. In M. Gordy, Disaster Risk Reduction and the Global System: Ruminations on a Way Forward (pp. 5-12). Springer. doi:10.1007/978-3-319- 41667-0_2

13. News, A. B. C. (2005, Aug 30). Poorest hit hardest by hurricane katrina. Mobile, AL. Retrieved from http://abcnews.go.com/WNT/HurricaneKatrina/story?id=1081329&page=1

14. Huffington Post. (2013, Mar 06). Hurricane Sandy hit poor residents the hardest, studies show. Retrieved from http://www.huffingtonpost.com/2013/03/06/hurricane-sandy-poor_n_2815782.html

15. National Centers for Environmental Information. (2017). Billion dollar weather and climate disasters: overview. Retrieved from National Oceanic and Atmospheric Administration: https://www. ncdc.noaa.gov/billions/

16. APHA. (b). (2017). Fact sheet: climate change. Retrieved from APHA PHACT Campaign: https://www.apha.org/~/media/files/pdf/advocacy/phact/150309_climatechange.ashx

17. CDC. (2017). Fiscal year 2016 grant summary profile report for Delaware. Retrieved from Centers for Disease Control and Prevention: https://wwwn.cdc.gov/FundingProfilesApp/Report_Docs/ PDFDocs/Rpt2016/Delaware-2016-CDC-Grants-Profile-Report.pdf

18. Health Resources and Services Administration. (2016, Sept 20). HRSA fact sheet - Delaware. Retrieved from HRSA Data Warehouse: https://datawarehouse.hrsa.gov/Tools/FactSheets.aspx

19. Walker, K. (2017). Letter from the Secretary. Retrieved from Delaware DHSS: http://dhss.delaware.gov/dhss/admin/welcome.html

20. US Census Bureau. (2016, Jul). Delaware Fact Table. Retrieved from USCensus.gov: https://www.census.gov/quickfacts/fact/table/DE,US/PST045216

21. United States Census Bureau. (2017, Jul 5). US Census. Retrieved from US and World Population Clock: https://www.census.gov/popclock/

22. Benjamin, G. C. (2017, May 4). Letter of opposition to HR 1628. Washington, DC: American Public Health Association. Retrieved from https://www.apha.org/~/media/files/pdf/advocacy/ letters/2017/170504_apha_oppose_ahca.ashx

23. Homeless Planning Counsel of Delaware. (2015). Homelessness in Delaware. Retrieved from www.hpcdelaware.org/documents/HPCD_1505_PITReport-WEB.pdf

24. Housing Alliance Delaware. (2017). The Need in Delaware. Retrieved from Housing For All: http://housingforall.org/issues/homelessness/

25. National Institute on Drug Abuse. (2012). Drug addiction treatment in the United States. Retrieved from NIH: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment- research-based-guide-third-edition/drug-addiction-treatment-in-united-states

26. Delaware Prescription Monitoring Program. (2017). Delaware prescription monitoring program. Retrieved from Delaware PMP: http://dpr.delaware.gov/boards/pmp/

27. Substance Abuse. (2017). Retrieved from DHSS: http://dhss.delaware.gov/dhss/dsamh/substance_abuse.html

28. Han, B., Hedden, S. L., Lipari, R., Copello, E., & Kroutil, L. A. (2015). Receipt of services for behavioral health problems: results from the 2014 national survey on drug use and health. Substance Abuse and Mental Health Service Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FRR3-2014/NSDUH-DR-FRR3-2014/NSDUH-DR- FRR3-2014.htm

29. American Addiction Centers. (2017). Types of health insurance coverage. Retrieved from AAC: http://americanaddictioncenters.org/insurance-coverage/

30. Grayson, G., Hurt, A., & Kodjak, A. (2017, Jan 22). Who wins, who loses with senate health care bill. Retrieved from Health News from NPR: http://www.npr.org/sections/health-shots/2017/06/22/533942041/who-wins-who-loses-with-senate-health-care-bill

31. National Coalition for the Homeless. (2009). Substance abuse and homelessness. National Coalition for the Homeless. Retrieved from http://www.nationalhomeless.org/factsheets/addiction.pdf

32. US Dept. of Veterans Affairs. (2017, Feb 2). HERS - opioid use disorders and homelessness. Retrieved from VA.gov: https://www.va.gov/HOMELESS/nchav/research/HERS4_Opioid.asp

33. Di Liberto, T. (2017, Jun 28). Heat roasts the western United States. Retrieved from Climate.gov: https://www.climate.gov/news-features/event-tracker/heat-roasts-western-united-states