

## An APHA Experience

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Philadelphia is the city of brotherly love, a city full of life and culture and the perfect place for the American Public Health Association (APHA) Annual Meeting and Expo. People packed into the Pennsylvania Convention Center as the winds whipped outside, and meeting rooms full of people listened eagerly to the most recent findings on climate change's impact on health. For some, this is nothing new; another year gone by and another conference attended. For others like myself, this is our first experience of such an intellectual gathering. All of my expectations for this conference were exceeded; from the sheer volume of information to the very obscure studies, I realized the true breadth and depth of public health.

Going into the conference I was not sure exactly what to expect. I figured there would be plenty of time to sit around and chat with peers, discuss our current works and see if there were ways we could help one another improve our efforts, as well as listen to presenters share the work that they had done over the past several months to years. But then I saw the list of presentation options to choose from, and I was greatly overwhelmed. There were so many presenters that had interesting topics, from early childhood development and violence in Sub-Saharan African communities, to confronting disinformation about vaccines; and there was only so much time to go see them! With such limited time, I knew I would have to choose wisely in order to get the most out of my APHA experience. With that in mind, I surfed through the lecture choices on the APHA app and picked out what seemed like the most exciting talks to attend.

As a young person with many friends who use JUUL and similar products, by far the most relevant talk to my own life was on Wednesday: "Fighting Big Vape." The presenters spoke about the legal challenges that regulators are facing with controlling the spread of Electronic Nicotine Delivery Systems (ENDS) and the legal battles that are currently being fought with Big Vape corporations. They also briefly touched on some of the science behind what is actually in these products that Big Vape corporations aren't disclosing, and what the legal ramifications are of their use.

The big takeaways from this were that currently, vapes are not technically considered legal, however the illegal sale of ENDS is allowed to occur via a loophole in FDA regulations that vaping companies are exploiting. They will have until 2021 to comply with FDA regulations and submit product details before items start being removed from shelves. On the more biological side, the presenters did mention that the majority of the 1,888 hospitalizations and 37 fatalities due to vaping-related lung injuries have occurred from black-market THC containing products.

However, an independent study mentioned during the presentation tested the chemicals in several flavors of nicotine e-juice, and found that some of these products contained over 1,000 parts per billion (ppb) of chemicals like diacetyl. Diacetyl has a National Institute for Occupational Safety and Health (NIOSH) daily exposure limit of 25 ppb per 8 hours per day (for employees working in chemical manufacturing settings) due to the highly toxic and carcinogenic nature of the chemical. Chemicals such as diacetyl are also not being listed on product ingredient labels, which poses a serious risk to consumers who are not being given honest information about the products they are using.

A few other very interesting talks that I attended included a presentation on the impact of twitter robot accounts spreading misinformation and disinformation about vaccines, the impact of housing on our health (both where we live and our home ownership status), and how health rankings systems can be used as tools to improve population health. The overarching message from all of the presentations that I attended was the importance of community engagement and ownership, and long-term project funding.

If public health officials truly want to succeed in their efforts to improve the health of a community, they need to spend the time to develop a relationship with movers and shakers within the community that they are trying to help. Without buy in from key stakeholders in the community, no program will be as successful as it could be. By creating a more personal relationship with the affected individuals, a larger margin for success with the intervention is created.

The other important piece of project development required for a long-term project to be successful is funding. Often project funders will only give grants on a 1- to 5-year basis, which does not always allow enough time to see the desired change in the population. Without long-term funding, while the community being served may see some improvement over the course of the intervention, that improvement may fall short of expectations and program funding may be cut completely. This can lead to the community losing trust in any further engagement with new programs, on the basis that these programs will only be short-term interventions and will not necessarily provide long-term benefits to the population. From my perspective, community buy-in and long-term funding are the two greatest challenges that we face in public health.

Overall I had a very positive first APHA experience! I saw lots of excellent presentations on a variety of public health topics, and learned a tremendous amount about what's going on in the field. From how the opioid epidemic has caused my generation to be the first in recent history to have a lower life expectancy than their parents, to the health issues that deserve our attention in the 2020 election, there was a plethora of exciting information around every corner at APHA 2019. I can't wait to see what APHA 2020 will have to offer!

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