

From the Guest Editor

Jennifer A. Horney, PhD, MPH, CPH

Department of Epidemiology, University of Delaware

For many in public health, every day feels like swimming upstream. Today, negative views of public health are in many ways even more pronounced and institutionalized than they were at the height of the COVID-19 pandemic. The primary federal agency responsible for assessing and responding to public health threats, the U.S. Centers for Disease Control and Prevention, has been without a confirmed leader for more than eight months and the agency has lost between one-quarter and one-third of its staff. In January of 2026, the U.S. officially withdrew from the World Health Organization (WHO). A cluster of cases of a rare, and often fatal, respiratory condition known as hantavirus was discovered on board a small cruise ship and the coordinated global response is happening without the U.S. in the WHO.

There are other setbacks to public health to consider. Since the Hepatitis B vaccine was adopted for all infants by the Advisory Committee on Immunization Practices (ACIP) in 1991 there have been dramatic reductions in the prevalence of chronic Hepatitis B infections as well as the incidence of its most deadly end point, hepatocellular carcinoma. Liver cancer diagnoses have plummeted among children and teens since vaccine adoption, with a randomized controlled trial demonstrating a lifetime risk reduction of 84% among infants who receive the vaccine series starting at birth. With ACIP removing the recommendation for the birth dose for infants, it will be critical to both document, and perhaps more importantly, develop effective and trusted scientific communication about the severity of this unnecessary risk.

Alongside reversions of vaccine policy in the face of well-established public health evidence, there are also changes that will prevent public health from collecting the evidence needed to assess the health impacts from exposures going forward. For example, anticipated reductions in environmental standards will impact the public's health in ways that cannot yet be quantified. In 2024, the Environmental Protection Agency required municipal water systems to monitor and reduce levels of so-called "forever chemicals" to reduce the impacts of exposure to emerging contaminants in the drinking water of more than 100 million Americans. Exposure to the chemicals known as PFAS have been linked to cardiovascular diseases, endocrine disruption, some types of cancers, and low birth weight in newborns.

Pausing the implementation of this new regulatory framework, as well as introducing unnecessary exposures through the deregulation of PFAS fertilizers on agricultural products grown and consumed in the U.S., will make it more difficult to measure and attribute the health effects associated with exposure to these chemicals. Further, climate events such as drought contribute to higher concentrations of PFAS, nitrates, and other environmental contaminants. With the elimination of climate and health funding priorities, the compounding and cascading risks of environmental and climate-related exposures will continue to have detrimental impacts on health and wellbeing.

Yet, in the face of these and many other challenges, evidence-based public health interventions continue, focusing on education, prevention, and policymaking. As someone who has worked as a disaster epidemiologist for more than two decades, I would argue that this time must be viewed as a window of opportunity. After a disaster or emergency event, there is often a moment when

dramatic changes can occur within policies, systems, and technologies because there is a temporary change in culture, a spark of collaboration, and a buildup of social cohesion.

This issue of the Delaware Journal of Public Health demonstrated just this. Through community partnerships, innovative fellowships and training, and research, our authors delivered a wide range of public health success stories. Community partnerships highlight effective interventions that address protecting the health of individual mothers and babies through early childhood education and cardiovascular health for older adults. Recipients of nursing research fellowships tackled linkages between research and patient care, exploring issues that included machine learning, interprofessional collaboration, and nurse-led patient education. Finally, researchers reported on work that included improving dental care for special populations and using artificial intelligence to predict risk.

A sincere thank you to Dr. Omar Khan, the Editor-in-Chief of DJPH and Dr. Kate Smith, Executive Director of the Delaware Academy of Medicine and Public Health for giving me the chance to serve as the guest editor of this important issue. I hope the success stories shared here show how it is possible to make progress even in a challenging environment. They also should stimulate discussion about reproducibility of evidence-based practices and policies as well as their expansion across Delaware and beyond.

Dr. Horney may be contacted at horney@udel.edu.

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