

Notes for Dr. Morabia

2023 Third Chinese Podcast (March to June 2023)

Part 1: Introduction (Dr. Liu)

Chinese Introduction:

大家好, 欢迎收听 2023 年美国公共卫生杂志第 3 期的音频摘要。我是 AJPH 负责亚太地区的副编辑刘继红博士。

AJPH 是唯一提供中文podcast 的国际性公卫医学期刊。AJPH 是一个极具影响力的学术期刊, 2023 年 AJPH 的影响因子继续上升, 已经达到 11.57. 在社会科学引文索引的公共卫生、环境和职业健康类别的 176 个学术期刊中, AJPH 排名第 6 位。AJPH 每年收到很多来自美国和世界其他国家的文章, 我们致力于对所有提交的文章快速回复, AJPH 现在文章接收率为百分之十一。

我们的 podcast 每三个月更新一次。AJPH 的网站有非常丰富的资料, 每天不断更新, 希望大家充分浏览和利用。

下面请耶鲁大学的郭芃菲同学为我们介绍 AJPH2023 年三月到六月期刊的重点内容。

Hello everyone, and welcome to the audio podcast of the American Journal of Public Health Issue 3 in 2023. I am Professor Jihong Liu, the Associate Editor of AJPH in charge of the Asia-Pacific region.

AJPH is the only international public health medical journal that provides Chinese podcasts. AJPH is a highly influential academic journal. In 2023, AJPH's impact factor was further increased and reached 11.57. AJPH ranks 6th among 176 academic journals in the public health, environmental and occupational health category of the Social Sciences Citation Index. AJPH receives many articles from Americans and other countries around the world every year, and we are committed to responding quickly to all submitted articles, and AJPH now has a 11% article acceptance rate.

Our podcasts are updated every two or three months. The website of our journal has a wealth of information, which is constantly updated every day. I hope you can fully browse and use it.

Next, Guo Pengfei from Yale University will introduce the key content of AJPH's March, April, May, and June Issues in 2023.

Part 2: Journal highlights of past 3 months (Ms. Guo Pengfei)

I am Guo Pengfei, a doctoral candidate at Yale. I will present highlights of the March 2023 to June 2023 issues of the journal.

我是耶魯大學博士生郭芃菲，我將展示本刊 2023 年三月刊到六月刊的重點內容。

March

The March issue of AJPH features a special section on challenges to public health law in the aftermath of COVID-19. Select articles cover judicial review of public health powers, trends in US state public health emergency laws, and the 2023 US Supreme Court term and its implications for public health. This issue of AJPH presents information on interventions and policies related to two critical determinants of adolescent health and well-being: dating- and relationship-based violence and access to abortion care. Other papers in this issue address topics such as reproductive rights and food access for rural households in the US, and more.

三月刊特別介紹了新冠病毒感染疫情之後公共衛生法律方面的挑戰。精選文章涵蓋公共衛生權力的司法審查、美國各州公共衛生緊急法的趨勢以及 2023 年美國最高法院任期及其對公共衛生的影響。本月刊介紹了有關青少年健康和福祉的干預措施和政策，包括基於約會和親密關係的暴力以及墮胎護理的可及性。本期的其他論文涉及生殖權利和美國農村家庭的食物獲取等主題。

April

The April issue of AJPB focuses on public health implications of the overturning of Roe v Wade. It features a special section highlighting reproductive rights at both the state and local levels, with select articles covering the implications of Dobbs v Jackson Women’s Health Organization and abortion restrictions as well as the potential for common ground on abortion. According to Dr. Magnan (p. 380-381), there are two significant challenges for finding common ground: values and views on death and the beginning of life. For example, liberals and conservatives share values such as caring, liberty, and fairness; however, conservatives also tend to embrace others, such as loyalty, authority, and sanctity. Liberty is a key value for advocating women’s autonomous decisions about abortion; these reproductive rights are defined from the mother’s standpoint: “Who has a right to tell me what to do with my pregnancy and my body?” Other papers in this issue address topics such as measuring historical redlining, evaluating the impact of gun violence, improving food access, linking housing instability and intimate partner and workplace violence, and more.

四月刊重点关注了推翻罗诉韦德案对公共卫生造成的影响，特别强调州和地方各级的生殖权利。精选文章涵盖多布斯诉杰克逊妇女健康组织的影响、堕胎限制，以及寻求关于堕胎的共识的可能性。根据 Magnan 博士的观点(p. 380-381)，找到共识有两个重大挑战：关于死亡和生命开端的价值观和观点。例如，自由派和保守派共享关怀、自由和公平等价值观；然而，保守派也倾向于拥抱其他价值观，例如忠诚、权威和神圣。自由是提倡妇女自主决定堕胎的关键价值；这些生殖权利是从母亲的角度来定义的：“谁有权告诉我如何处理我的怀孕和我的身体？”本期的其他论文涉及的主题包括衡量历史红线、评估枪支暴力的影响、改善食物获取、探索住房不稳定与亲密伴侣和工作场所暴力之间的关联等等。

May

The May issue of AJPH focuses on population-based monitoring of COVID-19 via random sampling. It showcases two initiatives that attempted to provide population-based estimates of the progression of the COVID-19 pandemic, one in Spain (p. 525) and the other in the United Kingdom (p. 545), which we will introduce in the Editor's Corner. Other papers in this issue address topics such as reducing health impacts of extreme heat, identifying loopholes for underage access in e-cigarette delivery laws, vaccinating vulnerable populations for COVID-19, and more.

五月刊的重点是基于人群的新冠病毒感染监测。其中有特别板块介绍了基于随机样本的基于人群的信息的价值，主要例子包括一项来自西班牙的研究和一项来自英国的研究。我们将在编辑专栏中详细介绍这两项研究。本期的其他论文涉及的主题包括减少极端高温对健康的影响、识别电子烟销售法中未成年人使用的漏洞、为弱势人群接种新冠病毒疫苗等。

June

The June issue of AJPH features a special section on the occupational dimension of public health. Select articles cover mortality inequities in the United States, workers' risk for COVID-19 by occupation and industry, and work as a fundamental determinant of health. Other articles in this issue address topics such as substance use among Asian Americans, rural-urban differences in vaccination rates and the public health workforce, decreasing survey response rates, and more.

六月刊有一个关于公共卫生职业方面的特别板块。精选文章涵盖美国的死亡率不平等、按职业和行业分类的工人感染新冠病毒的风险，以及作为健康基本决定因素的工作。本期的其他文章讨论的主题包括亚裔美国人的药物滥用、疫苗接种率和公共卫生劳动力的城乡差异、调查回应率下降等。

Part 3: Editor's Corner (Dr. Liu)

今天我很高兴能利用这个编辑专栏来重点介绍 AJPH 新发表的文章。首先，闫越奇博士将概述他在 AJPH 六月刊发表的题为“2016-2020 年亚裔美国成年人的药物使用问题”的文章。接下来，我们的播客郭芃菲同学将概述五月刊发表的多篇主题文章和一篇社论，这些文章共同介绍了来自英国和西班牙作者在 COVID-19 大流行期间通过随机抽样对 SARS-CoV-2 感染进行人口监测的方法。欢迎您在 AJPH 阅读他们的全文。

Today I am delighted to use this editor's corner to highlight new publications from AJPH. First, First, Dr. Yueqi Yan will provide an overview of his article titled "Substance Use in Asian American Adults 2016-2020" published in the June issue of AJPH. Next, our podcaster Guo Pengfei will provide an overview of several thematic articles and an editorial published in the May issue. Authors from the United Kingdom and Spain collectively presented the methods of conducting population monitoring of SARS-CoV-2 infection via random sampling during the COVID-19 pandemic. You are welcome to read full papers at AJPH.

From Dr. Yueqi Yan 闫越琦博士

大家好！我叫闫越琦，是加州大学默塞德分校健康科学研究中心的生物统计师。我们在美国公共卫生杂志上发表的论文标题为 2016-2020 年亚裔成年人的药物使用问题：基于美国药物使用与健康调查数据的双重差分模型分析。这是我与密歇根大学 Mieko Yoshihama 教授、韦恩州立大学 Jun Sung Hong 教授和加州大学默塞德分校贾璠教授合作的研究。自 2020 年 3 月美国爆发新冠以来，针对亚裔的仇恨与伤害性犯罪不断发生。根据名为停止针对亚裔与太平洋岛民的仇恨的民间组织年报显示，自 2020 年 3 月至 2022 年 3 月期间，该组织共收到 11,467 例针对亚裔的种族歧视与伤害报告。还有报告显示每 5 个亚裔就有 1 人在 2020 至 2021 年期间经历诸如口头骚扰，推搡或者人身攻击的情况。然而，即使没有直接经历种族歧视，接收来自自媒体与社交平台、传统报刊与电视新闻报导等各渠道有关仇视亚裔事件的报道，也对亚裔整个族群的精神健康造成了很多的负面影响。由于文化差异与符合亚洲文化的精神健康干预治疗的缺失，亚裔又是全美各种族寻求专业治疗最少的族群。当遇到诸如抑郁、焦虑和其他精神健康问题时，亚裔中的许多族群有借助药物滥用来缓解精神健康问题的案例。我们使用准试验与双重差分模型分析对比了 2016 至 2020 年 5 年的美国药物使用与健康调查数据后发现，对比于 2016-2019 年，亚裔在 2020 年酒精、可卡因使用和镇静剂滥用的频率增长上比非西班牙裔白人族群分别高了 30%，200%和 16 倍。尽管我们的研究并没有直接证据支持针对亚裔的种族歧视与药物滥用的直接因果关系，新冠大流行期间，亚裔药物滥用的增长仍是不容忽视的公共卫生问题。我们呼吁美国公共卫生、社会服务以及民间机构合作，采取多层次的预防与干预措施才能促进亚裔群体的精神健康与降低药物滥用问题。一方面，要加大针对种族歧视的公共教育与宣传项目，降低民众对亚裔的仇视态度。执法部门应对种族歧视相关暴力多发的亚裔聚集地区提供更多安全保障措施以防止此类问题的不断发生。当面临歧视或过度接收歧视的新闻时，我们亟需开发更多符合亚洲文化的精神健康与药物滥用治疗方案。此外，由于亚裔多族群文化普遍信赖非专业的社会支持，当直接与间接歧视发生时，寻求来自家庭、朋友、宗教信仰以及社会机构的支持同样至关重要。

Hello everyone! My name is Yueqi Yan, and I am a biostatistician at the Health Science Research Institute at the University of California, Merced. The title of the paper we published in the American Journal of Public Health is " Substance Use Among Asian American Adults in 2016–2020: A Difference-in- Difference Analysis of a National Survey on Drug Use and Health Data." This research was conducted in collaboration with Professor Mieko Yoshihama from the University of Michigan, Professor Jun Sung Hong from Wayne State University, and Professor Fan Jia from the University of California, Merced. Since the outbreak of COVID-19 in March 2020, there has been a continuous occurrence of hate crimes and harm against Asians. According to a report from a grassroots organization called Stop AAPI Hate, from March 2020 to March 2022, the organization received a total of 11,467 reports of racial discrimination and hate crime against Asians. Another report shows that during the period from 2020 to 2021, 1 in 5 Asians experienced incidents such as verbal harassment, shoving, or physical attacks. However, even without directly experiencing racial discrimination, exposure to reports of anti-Asian incidents through various channels such as social media, traditional newspapers, and television news has had many negative impacts on the mental health of the Asian community as a whole. Due to cultural differences and a lack of culturally appropriate mental health interventions, Asians are the least likely ethnic group in the United States to seek professional treatment. When faced with depression, anxiety, and other mental health concerns, many Asian communities resort to substance abuse as a way to cope. After analyzing the National Survey on Drug Use and Health data from 2016 to 2020 using quasi-experimental and difference-in-differences models, we found that compared to 2016-2019, the incidence change of alcohol use, cocaine use, and tranquilizer misuse among Asians was 30%, 200%, and 16 times higher, respectively, in 2020, than the same change among non-Hispanic White populations. Although our study does not provide direct evidence supporting a causal relationship between racial discrimination against Asians and substance abuse, the increase in Asian drug abuse during the COVID-19 pandemic is still a significant public health issue that cannot be ignored. We call for collaboration between the U.S. public health agencies, social services, and non-profit organizations to implement multi-level prevention and intervention measures to promote the mental health of the Asian community and reduce substance abuse issues. On one hand, there is a need to intensify public education and awareness programs against racial discrimination to reduce public hostility towards Asians. Law enforcement institutes should provide increased security measures in areas with a high incidence of racially motivated violence against Asians to prevent such incidents from occurring. When faced with discrimination or excessive exposure to discriminatory news, it is crucial to develop more culturally appropriate mental health and substance abuse treatment programs that align with Asian cultural values. Additionally, due to the widespread reliance on non-professional social support within diverse Asian communities, seeking help from family, friends, religious beliefs, and social institutions is equally important when direct or indirect discrimination occurs.

From Ms. Pengfei Guo 郭芃菲女士

在 COVID-19 大流行期间通过随机抽样对 SARS-CoV-2 感染进行人口监测

当 2020 年初新冠病毒大流行袭来时，大多数国家都没有能力应对它。然而有一些国家早早投资于基于随机抽样的社区检测，以确定当前感染水平。

在西班牙，新冠病毒感染的血清流行病学调查(ENE-COVID)于 2020 年 4 月 27 日至 6 月 22 日在封城期间进行，结果表明流行率存在地区差异，西班牙中部地区的流行率更高。研究人员使用研究权重来调整样本设计引入的偏差和人口不同部分的可变反应率。当地初级卫生保健团队使用在全国范围内获取数据，以确保跨地区的可比性。抽样是以家庭为单位进行的，在统计分析中考虑了家庭水平的聚类。

在英国，两项具有互补设计的大规模研究衡量了人口随机样本中病毒和抗体的流行情况，它们分别是社区传播实时评估研究(REACT) 和国家统计局新冠病毒感染调查(CIS)。REACT 包括 REACT-1，它通过逆转录-聚合酶链反应技术从自我采样的咽喉和鼻拭子中检测病毒，以及 REACT-2，它使用自测的 LFIA 测试盒检测抗体。两者都旨在代表整个英国人口，使用样本加权来产生流行率的人口估计。

埃利奥特博士等人从这些研究中总结了用于监测未来严重呼吸道感染爆发的关键信息：

1. 第一波大流行后的抗体流行率在西班牙和英国约为 6% 至 10%，表明后续大波的感染能力很强。
2. 社区感染模式与患病或住院模式大不相同。
3. 第一波感染风险存在显著的社会和人口不平等。
4. 依赖有症状人群的常规检测结果存在偏差。由于缺乏全面检测和无症状感染，这些数据低估了真实感染率。
5. REACT 和 ENE-COVID 研究表明，居家自我采样和检测是进行大规模检测的有效方式。这些研究可以对人口病死率做出有意义的估计，因为它们能够包括无症状和轻度感染者。
6. 需要从头开始建立人口检测和监测程序，以便为未来的类似大流行事件做好更好的准备。

Population Monitoring of SARS-CoV-2 Infections via Random Sampling During the COVID-19 Pandemic

When the COVID-19 pandemic hit in early 2020, most countries were not equipped to handle it. However, some countries invested early in community-wide testing based on random sampling to identify current infection level.

In Spain, the Sero-epidemiological Survey of SARS-CoV-2 Virus Infection Study (ENE-COVID), conducted from April 27 to June 22, 2020 during lockdown, demonstrated regional disparities in prevalence, which

was higher in central regions of Spain. The investigators used study weights to adjust for bias introduced by the sample design and variable response rates in different subsections of the population. Local primary health care teams obtained data nationally using a common protocol to ensure comparability across areas. Sampling was done by household, with allowance made in the statistical analysis for clustering at the household level.

In the United Kingdom, two large-scale studies with complementary designs were initiated to measure the prevalence of virus and of antibodies in random samples of the population: the REal-time Assessment of Community Transmission (REACT) Study and the Office for National Statistics (ONS) COVID-19 Infection Survey (CIS). REACT included REACT-1, which tested for the virus by RT-PCR from self-administered throat and nose swabs, and REACT-2, which tested for antibodies using a self-taken LFIA test. Both were designed to be representative of the population of England as a whole; used sample weighting to produce population estimates of prevalence.

Dr. Elliott et al. summarized the take home messages for monitoring future outbreaks of severe respiratory infections from these studies.

1. Antibody prevalence following the first wave of the pandemic was approximately 6% to 10% in Spain and England, indicating high capacity of infection for large subsequent waves.
2. Patterns of infection in the community substantially differed from patterns of cases or hospitalizations.
3. There were significant social and demographic inequalities in infection risks during the first wave.
4. Relying on the results of routine testing of symptomatic people is biased. Such data underestimate the true infection rates due to the lack of comprehensive testing and asymptomatic infections.
5. The REACT and ENE-COVID studies showed that home-based self-sampling and testing is an efficient and effective way of carrying out testing at scale. The studies could make meaningful estimates of population case fatality rates, as they were able to include asymptomatic and mild infections.
6. Population testing and monitoring procedures need to be set up from scratch to be much better prepared for future similar pandemics.

Part 4: Concluding remarks (Dr. Liu)

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