

150th Video:

Throughout our nation's history, APHA has been there. We've been on the ground, fighting for the public's health since 1872, taking on diseases, poverty and sanitation at the turn of the century. We were there when Rosa Parks and Martin Luther King Jr. called for equal rights and continue today, fighting to end racism and counter all of its devastating health effects. We were there encouraging auto safety standards and calling for seatbelt laws. Since then, we continue to support work to make our cars and roads safer and reduce injuries. APHA was there when women made their voices heard and supports their ongoing fight for equality and control over their own health. We fought for access to care as AIDS spread across the country and continue working to ensure easy and equal access for all, to vaccines for COVID-19, the flu and other infectious diseases. We've been sounding the alarm about climate change's impact on human health by raising awareness and the world is listening.

Change is happening but these next years are so important. We need your help to shift the tide. By advocating for safe work, home and school environments, access to care, nutritious food and reducing gun violence, we've strengthened our nation's public health and APHA continues to develop and advocate for policies and programs that support the public's health and the public health workforce. We were there and we're here today and together we are moving forward. Join us as we celebrate APHA's 150th anniversary and look to an even brighter future. Together, we will continue to improve health and achieve health equity for all.

Alfredo Morabia:

Hello everybody and welcome to this webinar for the National Public Health Week. This is a webinar that is moderated and organized by the American Journal of Public Health. I am Alfredo Morabia, the editor-in-chief of the journal. And this year, it's the 150th anniversary of the Association and we thought that we would dedicate the seminar to some history and the history of the National Public Health Week. We are so used to organizing it every year that maybe some of us are not totally aware of its history and also of its antecedent. And I'm extremely lucky and happy to have with me tonight, three discussions of the history of the National Public Health Week and of public health weeks more generally. I start by introducing Phoebe Pollitt. She's a public health nurse. She has written lots of books. She has practiced nursing during the pandemic and she's also a professor at the Appalachian State University in North Carolina. Phoebe, welcome to this discussion.

Phoebe Pollitt:

I'm so delighted to be here. Thank you.

Alfredo Morabia

Then we have a Professor Caswell Evans. He is a professor emeritus from the school of dentistry and the school of public health at the University of Illinois and very important, a former president of the American Public Health Association. Caswell, welcome.

Caswell Evans:

Thank you so much. Great to be with you.

Alfredo Morabia

And then we have Paul Braff, a historian. He just got a PhD in history from Temple University and he's currently at Northeastern University in Boston and Paul, welcome.

Paul Braff:

Thank you very much, really, really happy to be here.

Alfredo Morabia

I'm really very excited to have this discussion with the three of you, because you have different expertise and vision and understanding of different parts of that history. And I would like to start with you, Caswell, because you were president of the APHA when National Public Health Week was launched and became one of APHA's initiative. Can you tell us what happened then? Why did you bring this and what was the idea behind it?

Caswell Evans:

Oh, my pleasure and happy Public Health Week to all. The story certainly involved APHA on the front end and also involved APHA on the back end but there's an interstitial piece that fills in the

gap. In the late 1980s, during my first of two terms as treasurer of APHA, during one of our board meetings, we were discussing the plight of public health. That is the invisibility of public health. The idea that when public health succeeds, nothing happens. You don't have disease outbreaks and we are very successful in prevention. And we were talking about how do we bring more visibility to the successes? And in that discussion, the idea of a national public health day or a national public health week came up. We discussed it in that context and we didn't really have the infrastructure at the time and we went on to other points.

But that discussion stuck with me. And so I'll now take to the interstitial piece. I had become director of public health programs and services for the Los Angeles County Department of Health and they had just recently reorganized the department where public health had previously been under the hospital side. It was now its own separate administrative entity, which would make a lot of sense to us today but that's not how it was before I joined the department. And morale needed an uplift, public health needed more visibility and as I thought about that discussion of how do we bring visibility to public health? I began to think that we could at least try Public Health Week in Los Angeles. We began to plan that, Los Angeles County Department of Health was a massive all the organization with some 36 local health offices and 20 plus health districts with all having a public health commissioner in those districts.

And the idea was to just do what we did on a daily basis but promote it substantially, in the media, inviting the community in for visitations with public health nurses and our sanitarians and immunization clinics. And so we weren't doing anything special, other than making a big deal of what we did on a day to day basis. The first Public Health Week was designed much along the lines of an APHA. We had an opening session and the president of APHA at the time, Bailus Walker was our distinguished guest. And we followed that in subsequent years with the succeeding APHA presidents. And we had really a fun occasion and we used the media and they gave us a lot of exposure because of its uniqueness. We let the Northern and Southern California affiliates of APHA know that we were doing this and we also through the California health officers, local health officers group, let the other health officers know and the other public health jurisdictions know that we were doing this. They had eyes on it as well.

Alfredo Morabia: Caswell, I would like to understand how we took place. Did you have meetings? You have public? How did you do the usual thing with more visibility?

Caswell Evans: Well Alfredo, I'm trying to be brief in the interest of time. A lot of planning went into it.

Alfredo Morabia: No, no, no, you're perfect.

Caswell Evans: A lot of planning went into it. We had meetings. I had to present it and sort of sell it within the department and talking with my own staff and administrative group as well because as the department was set up along the lines of a health and hospitals organization, much like New York City, I had to discuss it with our overall department director. We also kind of informed the board of supervisors that we were doing this. There was a lot of infrastructure that went into it. But a key again, we brought the media in and they were in anticipation of what this was all about. And again, for the first year we didn't do anything that was particularly unique. We just advertised what we did in a way of bringing to the public's attention, the significance of public health in their lives. It was very successful. And by the second year, it grew. We had other counties that were interested in following suit.

And as it grew over the years, as opposed to coming out of my office, we had a way of sort of electing a chair, a staff chair of Public Health Week. Rather than it coming out of the director's office, it was a more of a staff led arrangement and it grew and people were able to use their imaginations, health districts used their imagination for various events. Our first Public Health

Week therefore was in 1988. And over the years, it just continued to grow. We eventually got a proclamation from the board of supervisors, proclaiming officially Public Health Week in Los Angeles County. As I said, other counties began to follow suit. We moved our opening session to a luncheon session and moved that into the Dorothy Chandler Pavilion, which is a major facility in Los Angeles. And we would have besides the president of APHA, well known individual such as David Satcher, when he was director of CDC, this was before he became Surgeon General, was one of our invited guests. Earl Fox at the time was director of HRSA and he came out and addressed us as well.

Alfredo Morabia But may I ask you again, Caswell, just for our listeners and for myself to understand how it took place, how was the public involved? You had a meeting, it was like the APHA, you have a meeting, the public was coming and listening to speakers. And that's how you talked about what the LA Health Department was doing or how was the public involved?

Caswell Evans: We used media coverage, including newspapers, all over Los Angeles County there are local community newspapers and we would put notices there because each of the health districts had close relations with their community newspapers. We were able to get PSA spots on local radio stations, particularly those in the Hispanic community. We did all those kinds of things. And again, as it built over the years and repeated, it began to grow on its own energy. Eventually we had a proclamation by the governor of California proclaiming Public Health Week in California. At the same time by then, we were doing how to do it kits because we were getting phone calls and emails about, we would like to do this. We are a health department in Iowa and how we do this? We prepared these how to do it kits.

We also, for I believe three years had a session at APHA, informing others about how we were doing Public Health Week and how they could do it. And we distributed these how to do it kits. By the mid 1990s, by mid 1990, there were 20 states that had already engaged in Public Health Week and proclaimed Public Health Week now where it comes back to APHA, it happened that my term of president was in 1995 and Catherine McCarter, who was assistant director of APHA at the time and was sort of our Capitol Hill lead, and I were discussing Public Health Week. And of course, Bill Clinton with his health reform initiative was president. And so we just said, "Well, maybe we can get a presidential proclamation at this point. We seem to have enough background now and enough substance and credibility."

And so we had a Hill briefing on Public Health Week. We had a meeting with Phil Lee who was assistant secretary for health at the time. And Donna Shalala was secretary of health at the time and got their support. And in 1995, we got the proclamation from President Bill Clinton, proclaiming National Public Health Week for the United States. And that latter piece was through the efforts of APHA. It was it really an unexpected series of events that I was pleased to play a role in. And again, APHA was prominent on the front end and sort of on the more culmination end in terms of getting the proclamation from President Bill Clinton. That in a nutshell is how it started.

Alfredo Morabia That's great. I'm sure very few people knew the whole history and to have it by you, Caswell, is fantastic.

Caswell Evans: Unfortunately I've never taken the time to really write it up and I should have but people have always nudged me about having doing that. And I just never have but that's the story and I'm sticking with it.

Alfredo Morabia And so let me turn to our historian. Paul, was it something completely new to have a public health week or what are their antecedents in the US? What do you know about that?

Paul Braff: Yeah, so my research is on something called National Negro Health Week, which was a program that was started by Booker T. Washington in 1915 and last through 1950.

Alfredo Morabia Just say who Booker T. Washington was, we need to.

Paul Braff: African American leader, organizer, he was the principal of Tuskegee Institute, was the one of the foremost institutions for African Americans to get an education, sort of specific skills to get jobs as opposed to a liberal arts education, for example. He was one of the foremost, he sat down with Theodore Roosevelt, first African American to be invited to the White House. Just a very big public figure for African Americans and rights and African Americans in society. And so he's the one that is credited with starting National Health Week but where did he get the idea from is an interesting story that involves more people.

Just to kind of set the stage, 1900 African Americans are facing a lot of issues when it comes to health. The accrued death rate in the US was about 17.2 per a 1,000. It's 25 per a 1,000 for African Americans. The average life expectancy in the US is about 49 years or so, for African Americans it's 35 years. Why these significant differences? African Americans are dying at a higher rate for almost all diseases compared to White people. Why the high rates? We got to remember we're in Jim Crow era in the South. Most African Americans aren't allowed to either by law or by policy, see White physicians. There are White hospitals, there are Black hospitals. And then there is of course discrimination in hiring. African Americans are getting paid a lot less. They have to live in the worst conditions, which of course leads them to getting more suffering from more health issues than most people in America.

In addition to that, you have 90% of African Americans are living in the rural South. Most physicians are living in cities. And to just to give you a sense of the scale, again, few opportunities for African Americans to become doctors, to become nurses. We have a one to 3,000 African American doctor to African American patient ratio, as opposed to the one to 700 for Whites. That's the situation. It becomes really evident for African American leaders locally, nationally, that they need to take health into their own hands. We're not going to have access to medical professionals so how can we uplift? How can we improve the health situation?

And so one of the first people to do that was actually Margaret Murray Washington, Booker T. Washington's wife. And in 1896, she organized something called the Tuskegee Women's Club. The whole purpose of that is to teach basic sanitation hygiene to the poorest people, people that are living on plantations, African Americans that are living there and she will later found the National Association of Colored Women's Clubs. And as founder of that, she'll bring this program that's local, more national. Again, targeting women, basic home healthcare, sanitation. These are things that were considered women's purview. In 1905, you have a guy named, sorry.

Alfredo Morabia Paul be more specific here. Be more specific. Why would this group of women intervene in public health? What was their relationship? I understand you said it but be a little bit explicit about what these were born.

Paul Braff: Absolutely. Absolutely. Women's domains were traditionally taking care of the children, taking care of the home. And it seemed to be evident to some African American women in sort of higher status in society that the kind of care that was being done needed improvement. And so basic things like, how do you take care of a child? Nursing practices, basic nutritional information, how much milk should a child be drinking in a day? How long should we brush our teeth for? When should we brush our teeth? These kinds of basic practices. What is when we say clean, like a clean yard, what do we mean by that? Are just sort of the basic elements. We're talking about removing standing water, make sure our outhouses and privies are in clean and

working order because there's not a lot of infrastructure in terms of indoor piping and things at this point in time.

Very basic. What can you do at home given that you're not going to be able to see a medical professional? What can we do that we can control to try to improve our health? And so you've got Margaret Murray Washington doing that. You've got a guy named Monroe Nathan Work who's a sociologist who starts something called the Savannah Men's Sunday Club. And he thinks that part of the problem is, how do we get the message out to more African Americans? How do we teach them more? He's organizes his groups of men and women, doctors, nurses, dentists and also laypeople to go into the church. At this point in time, early 1900s, one in three African Americans is a member of a church.

Kind of have the power of the church there, endorsement, reverends, ministers, so people are going to pay a little bit more attention. And he sends the people in there, particularly to laypeople to, I just have a quote that I like from him. The idea is to get the health message out as he puts it, "In a language so simple that the most ignorant could comprehend." One of the problems that we'll hit on again and again is that the language of how to improve health, language of medicine was a language that was written at generally speaking, a higher education level than many African Americans were able to obtain due to racism, discrimination stuff we talked about earlier. And so you'd have things like somebody would be talking about tuberculosis but for African Americans, they would hear that disease is called consumption and that's how they would know it.

The health messages would get mixed and they'd get crossed and they wouldn't quite be able to understand what to do, how to improve things for themselves. And so he takes that idea in Savannah, Savannah Men's Sunday Club and he is later hired by Booker T. Washington as part of the head of the rest research and records department. And so this is again, another person speaking in Booker T. Washington's ear, at the time, Tuskegee, kind of, "Hey, health is really important. There's a lot of room here to grow, to be a leader on this issue. And again, we have very few African American physicians, so there's really a lot of room here."

And then the last sort of element to starting this whole process is a guy named Robert Moton, who is the commandant of cadets at another African American school called Hampton in Virginia. And he is the president of what's called the Negro Organization Society of Virginia, which was basically trying to organize all the African American groups in the state. And they get about membership wise, if we add up all the members of all the groups that they are able to organize, about 350,000 African Americans are part of this group. About half of all of the state's African American population. And he is interested in health. In 1912, he runs a cleanup day, not calling it a health day, calling it cleanup day but that is successful. The next year, 1913, he organizes a set of cleanup days, takes it to the governor who endorses. Again, White governor, we have all these laws, Jim Crow, but endorses this African American movement for cleaning up for improved health improvement. And not only that but they get the buy in of a lot of White organizations who see their health.

African Americans are working as servants, African Americans are working in all sorts of different industries and agriculture areas and they have to work with White people. The better African American health, the more production, the more money, the more that they can get out of it. They see the benefit so they'll donate cleaning supplies and prizes and things like that. And Booker T. Washington sees what's happening. He's invited by Robert Moton to come up in November and look around and see all the infrastructure, all the cleanup activities that are going on. Booker T. Washington starts to think, hey, this could be bigger than just the state.

1914, Robert Moton organizes a cleanup week and then in 1915, Booker T. Washington launches National Negro Health Week, consulting with Robert Moton. He actually borrows a lot of Moton's stuff in terms of his pamphlets and stuff. And again, as Moton put it, "The pamphlets are trying to remove those highfalutin medical words," that's what Moton called them, from the text to really give very specific advice about how to clean up your home, how to paint, how to whitewash, the importance of whitewashing. What a sanitary privy and outhouse look like, how to accomplish those. Again, very basic specific activities that African Americans can do to help to improve their health, given that they can't have access to much of the medical professional establishment.

Alfredo Morabia

But Paul, how do you go from Virginia and Alabama to the whole country? How do you do a national week when you start in two states?

Paul Braff:

To kind of a Dr. Evans point, slow build. Slow build. You had these different groups, these disparate local groups that were working but now you have the name of Booker T. Washington selling it. And the name of Tuskegee, which was a name that everyone knew at the time kind of selling it. And you have African Americans again, were primarily in the South. The first few years, it's primarily a Southern phenomenon. Yeah sure, there'd be a national held observance in Chicago or Indianapolis but really it's mostly a Southern phenomenon. But as the African population expands, great migration opportunities through the wars, they will take this program with them. And in 1921, the US Public Health Service starts getting involved. They're looking, the National Health Week folks, now that Robert Moton is now in charge of it, because he's the principal at Tuskegee. He's looking for more advertising, more money to help support this because African American organizations generally speaking, don't have a lot of funding.

And the US Public Health Service says, "Hey, this is a group of people largely ignored. It's 10% of the population. This seems like an area where we could help be leaders on this and also help to guide and shape this movement." Because it's again, being run by primarily non-medical professionals. And so the emphasis of the movement will change slightly and it will move from again, what you personally can do, to more of a focus on here's the utility of physicians. Here's what a vaccination looks like. Here's what an annual checkup looks like. Here's why you should get one. Those kinds of activities. And in so doing, you get a lot more promotion. The local health officers that Dr. Evans talked about will be paramount as the US Public Health Service tells all of their health officers to participate, to join, to support this movement. And it'll get by 1941, we have over four million people that are participating in a movement where we had a few hundred thousand just a decade or so earlier.

Alfredo Morabia

But 1941, this is during the war. Franklin Delano Roosevelt, the New Deal. Is the National Negro Health Week part of those programs? Or is it something different?

Paul Braff:

The government gets involved before Franklin D. Roosevelt comes into office. The government's there supporting it. The Great Depression will actually lead to the complete takeover as opposed to working as a partnership. The US Public Health Office will completely take it over by the early 1930s. But with Thomas Parran becoming Surgeon General in 1936, it will get a lot more funding. He makes that a priority. He goes all in. Lots of pictures, which were expensive at the time. They'll put into it a lot more resources and a lot more tracking data to see what's working, what they're doing, promotion of national radio address, promotion of a national poster contest, these kinds of things to entice and promote this idea. And of course with the war, health patriotism, as I'm sure, Alfredo, it becomes paramount issue. Everyone wants to be healthy, wants to look healthy, to support the war effort. And so National Negro Health Week will fit right in with what you can do for your country as a healthy person and becoming a healthy person.

Alfredo Morabia: That's very interesting.

Caswell Evans: But Paul I would like to add, I'd like to underscore something that you mentioned that I think deserves a little bit more attention. Despite the merits of National Negro Health Week, it also was supported by Whites in the South as it gave them a back door because there was this Negro health week, they felt more comfortable in doing little or nothing because after all, Negro health week was going to satisfy all the problems. You mentioned it was born out of Jim Crow and discrimination and that is part of its success at the time. Otherwise it would not have garnered the type of support from the segregationist community that it did garner.

Paul Braff: Yeah. That's a really good point, Dr. Evans. I appreciate that. And then just, and part of the marketing of National Negro Health Week originally, Monroe Work creates a bunch of posters. One of the posters he creates notes that the South is losing \$300 million annually if you include loss of work due to death, due to sickness, people missing for funerals, having to replace workers and he's selling that. The reason why he has that statistic is not for African Americans, that's money that the White South, the people in power they're going to have. And he makes the argument that just spending a little bit on health improvement for African Americans could reduce that loss by half, by a 150 million. Again, really marketing to White interest to help support African American people.

Caswell Evans: Yeah. Yeah, I agree. And that was also a time of the great migration. The South lost over half of its Black population because of the migration out of the South. There was a little bit more interest in at least keeping those in the South a little bit more healthy. And you had the health challenges of those who had left rural environments and moved to, as you mentioned, Chicago, who took those rural habits with them into the city.

Paul Braff: Yep. And that accounts for some of the change, as well as you move from one type of health emphasis, we're talking about privies and outhouses, to more access than to physicians, especially more progressive areas like Chicago, New York, Philadelphia, where you have maybe some White physicians that will actually see them and use them. We got to get organized about what we should expect with those things.

Alfredo Morabia: Yeah. And I think this is a great transition too, because we have National Negro Health Week and we have National Public Health Week and everybody ask, "Are they connected?" One has disappeared, one exists and Phoebe, what is your opinion? Is there a connection between the two? Are they completely independent initiatives? What's your perspective?

Phoebe Pollitt: I think they're totally connected because I think National Negro Health Week was the first and the biggest national effort to have a week dedicated health and National Health Week did a lot of amazing things here in the South and in North Carolina in Appalachia actually. We had National Negro Health Week activities all throughout Appalachia most of the years. After the US Public Health Service quit sponsoring National Negro Health Week in 1951, a lot of other groups took up health weeks, almost every body part and almost every disease had a week, which was partly because of the success of National Negro Health Week. The number of people involved, the variety of activities involved, the success due to lots of different things but increased life expectancy and decreased health and more African American practitioners, which were all partly due to National Negro Health Week people and activities.

Even in the 50s, after the US Public Health Service quit funding it, there were National Public Health Week called National Public Health Week activities in different localities and states across the country. And of course we get after World War II, partly because of what Paul was talking about of patriotic health, we get National Public Health Nurses Week in 1946. We get National Mental Health Week and National Dental Health Week. It gets broken out. One thing I

love about National Negro Health Week and National Public Health Week is that it's an umbrella. Both groups recognize the interconnectedness of disease and social of conditions and individual health and hygiene and nutrition and all the things we know make up health and public health. And both National Negro Health Week and American Public Health Week have interest and focus on a variety of things. But what happened in the intervening decades was that a lot of specialty organizations, health association, the Cancer Society, the American Lung Association, the Dietetic Association, the Dental Association, everybody had decided this week idea was a great idea.

National Negro Health Week sort of was the trailblazer, showed a light on how good having a focused week could be to get the nation and media and people to focus on your interest. It got splintered. Everybody was doing their own thing for about 40 years and then when APHA came back around, it reconstituted, it gave us a more holistic, a more interrelated appreciation of all the aspects of health that are all important. To me, it kind of came full circle back to the intent of partly one of the large intents of, to me of National Negro Health Week, which was a looking at health as a unified, multifaceted concept, not just your heart or just your diabetes or just, so I think that's a very important part.

Alfredo Morabia

Got it. Got it. But if National Negro Health Week was the model that everybody wanted to imitate, we're just missing a part. Why did National Negro Health Week disappear while the other health weeks were being started? There's just something we're missing there, the transition.

Phoebe Pollitt:

Well, I sure don't have a complete answer but something I think the country was, I'm a North Carolinian, so race was horrible back then in our state still. But there was a few glimmers of hope starting to come, Truman integrated the armed forces in 48 and the national workforce, the federal workforce. In nursing, there used to be a group called American Nurse Association, which was White nurses mostly. And then the National Association of Colored Graduate Nurses. Well, they integrated in 49, which was pretty early for a professional organization. Of course, we had the long civil right down here, we talked about the long civil rights struggle. There was never not a civil rights struggle after the Civil War. Never. It just got bigger and it became successful, more successful. But there was more, there's an emphasis on interracial cooperation in some corners. Of course, then we get Brown versus Board of Education.

Then later on in the 60s, we get Simkins versus Moses Cone. Some court cases came along that really helped us integrate. And so I think the happy face story is that because there was more and more interracial cooperation, the US Public Health Service didn't need to have a special emphasis on Negro Health Week that looking at diseases or conditions or body part or whatever was going to be sufficient without separating out. I think the hope was that as opposed to thinking there were huge racial differences in terms of health, that we were all one human race and that I think it was an effort on the good people's hearts to show that we were all one race, all Americans, all humans and that that was, we didn't need to have segregation.

Paul Braff:

And if I could just add in.

Alfredo Morabia

Yeah, please.

Paul Braff:

If that's okay. You got it exactly right. There's also a court case about restricting racial covenants in housing. The Supreme court rules against that. There's a number of court cases. The American Medical Association starts to consider preventing their association from discriminating based on race. There's a number of these things. There's also the National Medical Association specifically starts to lead a campaign and you have these articles in the African American newspapers saying, "We don't like that they are separating the races. We don't like that this campaign is

called National Negro Health Week, as opposed to calling it National Health Week." They see it again, this is part of the long civil rights movement that Dr. Pollitt talked about really, really nicely. But there's an advocacy of the African Americans involved in this campaign to change it, the narrative so that we're all part of this together. Our health needs are not separate from the rest of people and they want the government to recognize that as well.

Alfredo Morabia: Yeah, please Caswell.

Caswell Evans: I think that's right. But there was also pushback on the term Negro.

Phoebe Pollitt: Really? In 51?

Caswell Evans: That was beginning then, yes. That's beginning then.

Phoebe Pollitt: Oh, thank you. I thought it was a little later.

Caswell Evans: I'm coming from a perspective, I grew up colored, I was Negro for a while. I became Black to the consternation of my parents. I became then African American and now I'm a person of color. There has been a growing pushback on terminology used for people of color, that people of color have not themselves coined. Those were terms that were applied to them by others. There was pushback at that time, yes. It did not peak until years later but that was also part of it.

Alfredo Morabia: Caswell, did National Negro Health Week lose some of its community support after the war? I'm trying to connect here the question of someone in the public. Did the support by communities remain strong after the war?

Caswell Evans: Alfredo, if that was directed to me, I can't answer that one. I'm sorry. I just don't know enough about the history of it.

Alfredo Morabia: That's all right. Yeah, Phoebe.

Phoebe Pollitt: Actually in some states I can tell you about North Carolina, we have the highest rate of draft rejections in World War II because of health. And so North Carolina started something called the Good Health Campaign. We didn't have many hospitals for either race. Actually we had 39 African American hospitals during Jim Crow in our state. It wasn't enough. And we still had a lot of hospitals that didn't accept any Black patients and had basements and attics and that kind of thing for Black wards and Negro wards at the time. But I think participation in National Negro Health Week continued at very high rates in the late 40s. I don't think it was a lack of participation that was the death knell for it. Am I right, Paul?

Paul Braff: The numbers start to get fuzzy, I'll put it that way. They're very specific. They're counting individuals. You get these numbers like four million, 279,311 people, they're really focused on the numbers. After World War II, I think the emphasis changes. The new Surgeon General who comes in after Parran, has other interests than national Negro health. He's more of a research based person so it starts to lose some of its more directed funding. They're making guesses about, and this is one of the questions I actually had about for Dr. Evans. What does success mean? is a question that I get asked a lot. Was National Negro Health Week successful?

You have things like death rates decrease and those kinds of things but they're attributable to a whole bunch of things outside of a public health campaign. I guess I'm curious, how do we think about success in this construct and clearly the government, again, with all the other narratives that we just talked about, the name Negro, how that's being used, decides to go a different way.

But I'm just curious, how do you define early on Dr. Evans, how did you define success for the campaign that you worked on?

Caswell Evans: Well, in terms of National Public Health Week, there was no ever an objective on the front end in terms of measuring success. There were never identified metrics for it. You have to look at it in hindsight. I think it's successful that it's still being practiced today in 2022. And when it was proclaimed in 1995, I had had no idea that it was going to last that long and it seems to have been embraced broadly in public health circles. We still have, and I don't know that COVID really helped because we ended up being somewhat tarnished regrettably, in terms of public health exposure. But I think we still have the uphill battle of how do you celebrate public health?

Because as I said before, when it's successful, nothing happens. That's not the case with the fire department. If there are no fires in your community, everybody applauds the fire department as having done a good job. If nothing happens in public health for a year and you get one outbreak, well what happened to public health? They asleep at the switch. I think that there's ongoing embrace and I think that's success but there were never any front end metrics. I think it's a great question, but I really can't answer it.

Alfredo Morabia Yes, Phoebe.

Phoebe Pollitt: I think one thing National Negro Health Week maybe did right is every day was a different day. It was school health day. I was a school nurse for 15 years and we had a lot of metric based success. We could measure our teen pregnancy rates dropping. We could measure our tobacco use rates dropping. We worked hard on a lot of public health campaigns in schools. We had a 100% immunization rates. And so on school health day, there were things we could have measured and celebrated. And I think if you break it out day by day of Women's Health Day or Maternal Child Health Day, you can look at breastfeeding things or maternal child death rates or number of trained midwives that are practicing.

I guess I feel like it seems like maybe National Public Health Week now or American Public Health Association Week is more celebratory of what we do but perhaps breaking it out day by day. And down here we don't call them sanitarians anymore, they're environmental engineers, but I love the sanitarians and they still go out and do the cows and the dairies here, we still have dairy farms and we have only two towns in our county have public water so they do the Wells and the septic systems and they're vital to us and we love them. But maybe that's living in a very small rural community as opposed to big cities where people don't appreciate septic tanks and well water and dairy cattle.

Caswell Evans: Phoebe, a question, to what extent did you see community embrace of National Negro Health Week as opposed to individuals participating? Did you see a lot of community embracing of that tradition?

Phoebe Pollitt: If you mean community organizations.

Caswell Evans: I meant community organizations, people in the community, as opposed to just individuals participating.

Phoebe Pollitt: I guess I don't get your question.

Alfredo Morabia Association grassroots.

Phoebe Pollitt: People came. Sorry.

Caswell Evans: Community organizing.

Alfredo Morabia Associations, the grassroots organization, frontline organization.

Phoebe Pollitt: See, the great thing about National Negro Health Week to me was particularly after the Great Depression and after World War II but it's the end, groups like the American Red Cross and the Heart Association and the all the voluntary health groups worked together and co-sponsored a lot of events. They had baby contests was one thing I used to love but a baby wasn't necessarily the prettiest baby, it was the healthiest baby and the baby that had their immunizations and had a 24 hour diet recall that was appropriate and the way they had the baby contests or they had people.

Paul Braff: Healthiest state, healthiest children in schools.

Phoebe Pollitt: Tens of thousands of people went to the demonstrations and the lectures. And another thing down here.

Caswell Evans: I got that point, I guess, to be more specific was the quote, Negro community, embracing it?

Phoebe Pollitt: Oh sure.

Caswell Evans: You understand these other organizations but was the Negro community embracing it? Or were these just individuals who were participating?

Phoebe Pollitt: We had a North Carolina Association of Color Graduate Nurses for instance, which later became the North Carolina Negro Nurse Association. As we had nine chapters in the state, as well as the statewide chapter because we had nine big cities in the state but they were very active in National Health Week activities, as was our old North State Medical Society, which was the Black medical society here. They were very active. We have North Carolina and Durham, we have a group called the North Carolina Mutual Insurance Company, which was one of the first and big African American insurance companies. And they were very active. They sponsored and had pamphlets. The Black Press. The headquarters of the AME church was here in Charlotte, North Carolina. And the AME church had a big spread, lots of influence across the country and in their journals, there every year they would encourage sermons on Sunday and participation and lectures and demonstrations through AME Zion churches.

Alfredo Morabia And so there is a lot in common between National Negro Health Week and National Public Health Week because today, they are also every day has a different theme. For example, racism is a public health crisis. And they organize hundreds of events throughout the countries involving communities. But I wonder if this makes public health more visible. This is something I would like you to discuss because we saw throughout this pandemic that many people don't really make the difference between public health and medicine. When you have a public health recommendation that something that should be in some way and force, everybody should be able to have access to it, et cetera. Whereas a medical prescription is something people is free to follow or not. There's a huge difference between the individual aspect of medicine approach and the population approach of public health. Do you think that national public, we can show this difference?

Caswell Evans: That's a good question. It obviously means an awful lot to people who are in public health themselves and employed in public health or public health advocates. To what extent it extends to the general population at this point is a good question. I assume that that varies by community, it maybe varies by state but it certainly is more beneficial to have it than to not

have it. But I don't know that I would have a succinct answer for that very good question you are posing, Alfredo.

Alfredo Morabia But so maybe, we saw the National Negro Health Week and National Public Health week and their histories, et cetera, and clearly that there's no reason to go back a public health week that is specific to some community. I think having an all inclusive health week, that's the way to go. Absolutely as Caswell has created it. But maybe there is something to learn about how to involve actively the community to show what public health professionals are doing. Why is it that you have no outbreak when they are successful? You don't see them when they're successful and actually, if there are failures, that's the moment where they appear. How can the National Public Health Week be more active in communities and bring those ideas? How can public health professionals show what they're doing? And do you have some suggestions?

Paul Braff: Yeah, so looking back at National Negro Health Week, one of the things they did was a lot of demonstrations. There's a lot of very specific practices. There's pictures of what you're supposed to do, what you're not supposed to do. I really think that the more specifics, the more we can have people understand what's happening, why things are happening, the better. Really walking them through without again, as Robert Moton would say, "The highfalutin medical words." Where there's just the clear language as possible to really make things as accessible for people who may have still, we have Henrietta Lacks, testing to see syphilis experiment, we got all sorts of examples of why people may not necessarily trust medical professionals. And so really not taking that trust for granted and really walking them through the reasoning behind decisions and policies I think is really useful. And I think that's a really great thing that a National Public Health Week could be used for.

Alfredo Morabia Phoebe what's your impression? As a public health nurse, does your community understand what a public health nurse is compared to a regular clinical nurse?

Phoebe Pollitt: Oh, sure. But again, in rural areas, in smaller towns, when more people know each other and there's a local paper that covers a few thousand people, it's a different situation. I've never lived in the city so I don't really know what that's like, but I agree with Paul about demonstrations. Right now in our community, we're having a month of forums about housing as a social determinant of health. There's really a coalition. Because we are small, we have coalitions. We have a group called healthy Carolinians but it's the police and the clergy and the hospital and the mental health and the public health. Lots of people, probably 15 stakeholders in our coalitions.

But this year, because housing is one of the, isn't that an APHA goal too? It's one of the healthy people 2030 goals. And so we're a coalition of people is four weeks, weekly forums on what to do to upgrade our housing and make it more affordable and make it safer. And public health, all the literature and all the advertising and all the newspaper stories, the hospital's not really in this one, but mentions the health department and people from the health department get quoted in the paper and quoted on the radio. We don't have a TV station but public health is pretty, I don't feel like we're under known here.

Alfredo Morabia Yeah. Yeah.

Phoebe Pollitt: I don't know what else.

Alfredo Morabia No, no, no, no. Absolutely. And Caswell, this bring us back to your experience when you were doing it in California, did you have the community around you? Or was it indirect through the newspaper and the media? How could you actually feel the interest of your community into the?

Caswell Evans: Again, because the department was so large and had these 20 plus health districts and I think 36 health centers, those health centers were very connected it to their own communities. The activity that was designed for Public Health Week at one health district would be focused upon the interests and needs and the community participation of that district. One district's Public Health Week activities might look different from another district's Public Health Week activities based upon the needs and interests of community organizations that they were working with. And I think that that still is the case when you look at it nationally.

Public Health Week is more of a concept but there's no interstitial framework that pulls them all together to provide any kind of continuity. And I think in that regard, perhaps Public Health Week is more effective because it's as sort of, as Phoebe indicated, it's targeted on the local interests of the community. And public health jurisdictions, I'm assuming, are responding to what they see as the pressing public health issues and interests of their respective community. Kind of if you've seen one Public Health Week in one jurisdiction, that's a Public Health Week but it's not going to be reflective of a Public Health Week celebration in another district.

Alfredo Morabia Got it. Got it.

Phoebe Pollitt: I'm sorry, Paul, I want you to talk some but that was National Negro Health Week had an overarching theme each year but each community. And so there was a poster and an essay contest and sort of a sermon topic, yet every community could interpret it or mold it to what fit in their community. Yet there was some national overarching themes and cohesion, which might be something that'd be good for APHA to consider.

Alfredo Morabia No, no, no. It's also the case this year is public health is where we are. There is an overarching and there are very specific.

Phoebe Pollitt: Although National Negro Health Week was maybe more specific. You know what I'm saying?

Alfredo Morabia No, no, no, no, I know. I think what comes out of this discussion, we're getting to the end of it, is that national public health weeks are very important. And they are great tools and the fact that we have it is a great resource that we have to build upon. I think the way it has been developed from National Negro Health Week is fascinating. And they really made it a population, a community based project and very successful. But maybe today, and maybe I'm going to ask you to close on this with a small note but I've been kind of convinced that not a lot of people know exactly what public health is. And that's why you see the theme of this issue is what is public health? Because I think some way we need to go back to the square one and reexplain what it is and why it's a population approach. And when it was Negro, it was clearly oriented to a population. Now there's general National Public Health Week maybe it's not that clear.

We have a one minute each, who wants to start and give the final remarks before we close this great session?

Caswell Evans: Well, I'll make a comment. I think it's always great to have a celebration and have a reason to party and pat yourself and others on the back and embrace with your community and Public Health Week has at least provided that kind of vehicle. It's certainly not perfect. It could be improved but at least we have it and it is something to celebrate.

Alfredo Morabia Thank you, Caswell. Phoebe, a few words?

Phoebe Pollitt: I'm so glad that Dr. Evans started Public Health Week because I agree with everything he just said. And I think it does give us a focus and the time to celebrate public health and to let people know what it is we do and what we value. And so thank you, Dr. Evans.

Caswell Evans: My pleasure.

Alfredo Morabia Thank you, Phoebe. And Paul, so you have the final remarks.

Paul Braff: Okay. That's big shoes to follow here. I echo both the Dr. Pollitt thanking Dr. Evans for starting it. I'd just like to talk a little bit about where I see the future for National Public Health Week. I teach class called contemporary issues. I take a survey of what students are interested in, what topics they'd like to explore during the course, try to build it a little bit around their interest. And this past year, the top two were health related for the very first time that I taught it. I think that there is an interest there's not COVID fatigue in the same way. Sure, people don't want to wear the mask, but there's a massive interest in health, health topics, policies that are being made. And I'm hopeful that the future of National Public Health Week is even brighter with more participation in the future years than we've already seen. We've seen it grow so much.

Alfredo Morabia Great. Great. Thank you. Thank you for this last optimistic note. Thank you, Phoebe. Thank you, Caswell. Thank you, Paul. And just keep the good work going and thank you for your time. Really appreciate and enjoyed this session.

Phoebe Pollitt: Thank you, Alfredo.

Caswell Evans: Thank you. My pleasure.