

Hello all and welcome to the third issue of the Virginia Journal of Public Health in our now, not-so-new, Digital Commons platform.

In this, our (as usual) much delayed Fall issue, we are pleased to host three new manuscripts, Virginia Public Health Association's current policy forum, and a new column, *Notes from the Field*. For this, our first *Notes* column, we have posted the Call for Abstracts for the Association for Prevention Teaching and Research (APTR) conference in New Orleans in March. In the future, we would like to post conferences of interest, research briefs, program announcements and summaries, and similar items in the *Notes* column. Instructions, word length, format, and all are in the newly revised Submission Guidelines on the Journal home page in the button bar, (anatomic) right on your screen.

Bartholmae and colleagues submitted an interesting, multi-institutional, multidisciplinary paper exploring the problem of equitable representation in on-line data collection tools now commonly used in research, kind-of-post COVID-19.* Similar to the All of Us database featured in last Spring's VJPH, the intent of the innovative statewide COVIDsmart registry was to gather a representative, voluntary sample of Virginians to explore social, behavioral, and clinical effects of the pandemic. Evaluation of that representation was disappointing, even in spite of multiple incentives to enroll. As with the "kind-of-over" pandemic, the problem of health equity remains to be solved, and Bartholmae, et al., contribute important concepts to the problem's solution for Virginians.

Cook and colleagues employed mixed methods (survey, virtual focus groups) and a convenience sample of young adult Virginians in their manuscript on educational messaging and its effect on young Virginians during the pandemic (as in Bartholomae above, enrolled on-line). Several useful findings were noted, among them differences in practices associated with education and source of information. Most interesting to the editors (both of us parents and teachers) was the effect of young adult defiance on preventive and protective practices. This very interesting study reveals any number of other issues to be taken into consideration when public health policymakers wish to effectively influence the behavior of young adults as a population.

The third paper is near and dear to the hearts of VJPH editors, as we are two of three authors. The paper attempts to quantify the effects and utility of infection control policy changes during COVID-19 in a unique secure facility in Virginia. Prisons, nursing homes, and poultry factories in Virginia represented the first and worst wave of SARS-CoV-2 cases, and successive waves showed these populations to be unprotected over time. All three types of facilities "house" some of the least advantaged, under-resourced people in society. The subject secured facility struggled to implement the required security AND therapy under conditions not conducive to disease control. Authors (we) struggled mightily not to throw in the towel, shouting "NOTHING WORKS" in these settings. Findings do, however, contribute to the growing knowledge base of what *might* work in settings where rehabilitative and security interventions required by law conflict with public health interventions required for effective disease control, if any. The paper went through the normal blind review and revision processes, as for all manuscripts submitted to the VJPH. However, in the interests of unbiased scholarship, final review was performed by a VPHA Board Member with no further review by the editors/authors.

This issue could be called the COVID-19 issue, as it appears Virginia researchers, program managers, and clinicians have finally found time to write about their work and experiences during the pandemic. We do hope that there will be more and related work to publish here in the VJPH. We welcome papers and notes from the field twice, and sometimes three times, each year. We will be switching to a late Fall issue as we now have enough experience to know that nobody writes during the summer—the September 15th issue will never be a reality in good weather!

Yours in public health and prevention,

The editors

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*We say “kind of” because, as recently noted in the Atlantic, many of us are living in an interval COVID world where 300-500 people in the U.S. weekly suffer the ultimate disparate affliction, death (Grounder, 2022).

Grounder, C. (October 27, 2022). The problem with our boost-boost-boost COVID strategy: We need to explore more options for fighting the disease, but our leaders lack moral moral imagination. *The Atlantic Daily*.