Listening to COVID-19

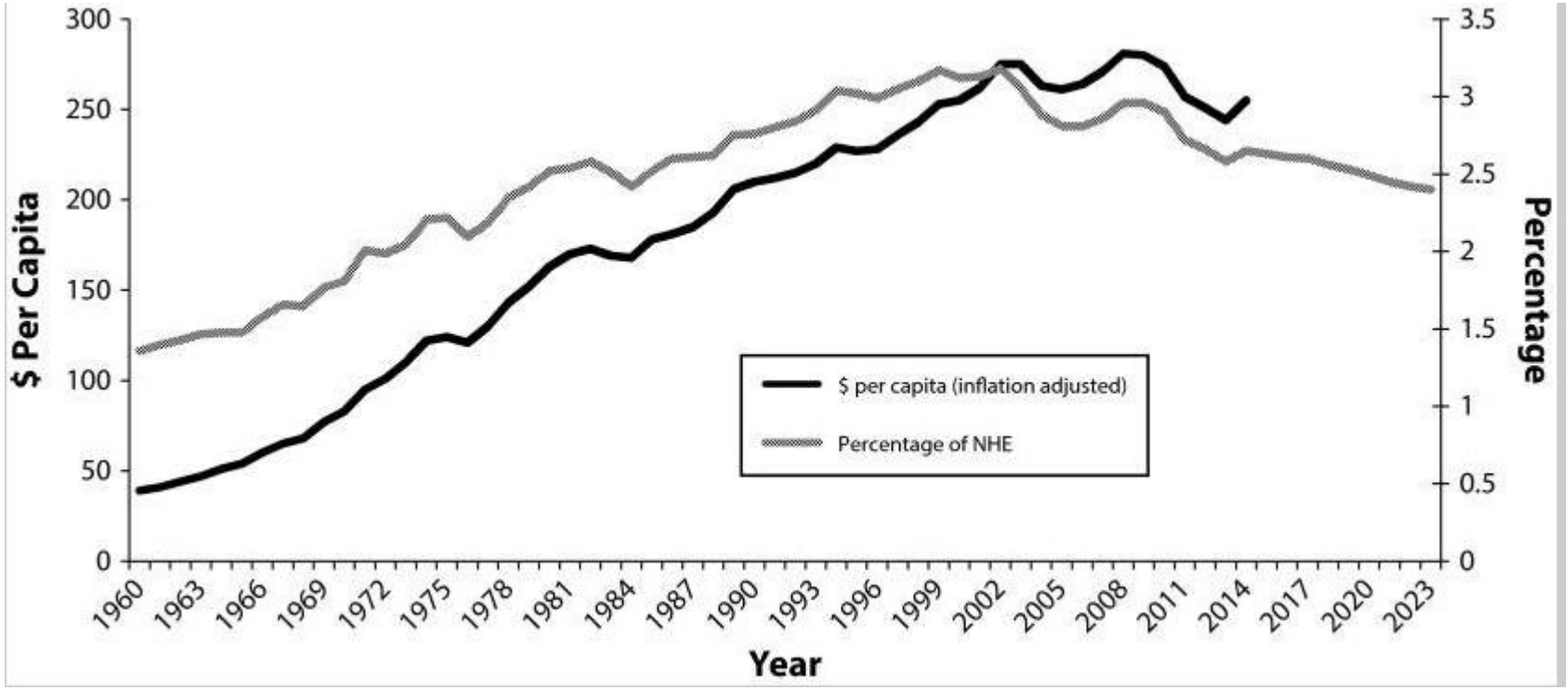
September 29, 2021| Joshua Sharfstein, MD

State of Public Health

- >2,800 of local health departments
- No consistent set of services
- No consistent governance
- Massive information technology needs
- A workforce in crisis

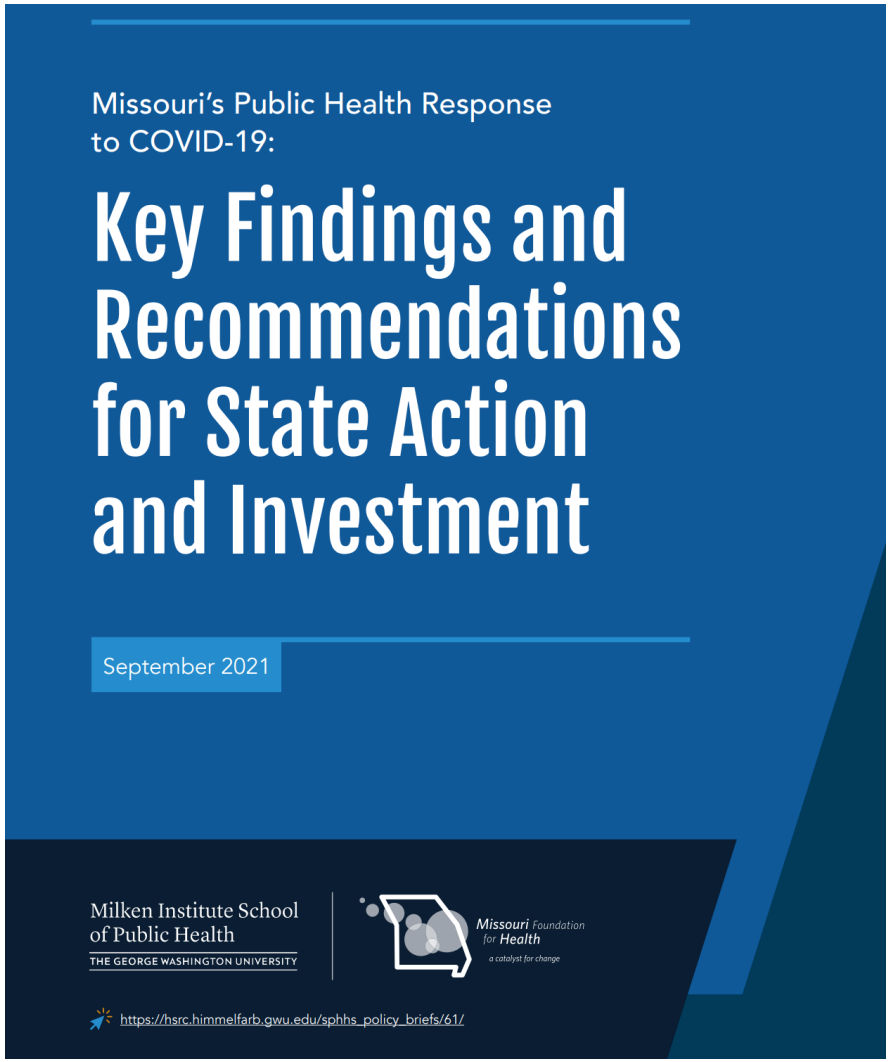
Budget Neglect

US Public Health Expenditures in Dollars per Capita and as Percentage of National Health Expenditure (NHE): 1960–2023



Himmelstein, et.al. AJPH 2016

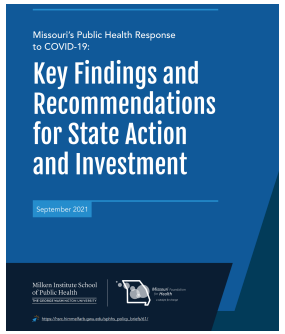
Case Study


Missouri's Public Health Response to COVID-19:
Key Findings and Recommendations for State Action and Investment
September 2021
Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY
Missouri Foundation for Health
a catalyst for change
https://hsrc.himmelfarb.gwu.edu/sphhs_policy_briefs/61/

Data Quality

The ability to collect and analyze data associated with an infectious disease outbreak was severely lacking, and on many occasions the accuracy of state data was called into question.

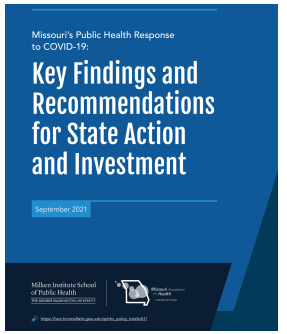
- A broad group of stakeholders, including those in public health, health care, professional associations, community organizations, the business community, and educational institutions, reported that problems with data accuracy, availability, granularity, and timeliness hampered efforts to respond effectively to the pandemic.



Testing

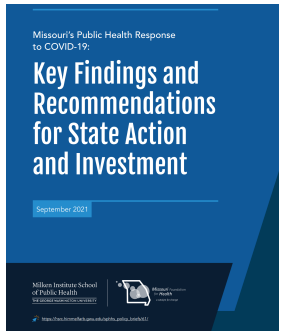
- **The rollout of testing in the state was delayed and confusing for LPHAs.** Many LPHAs did not have the capacity or staffing to manage the level of testing needed. Hospitals and health centers often stepped in, but their geographic and population reach was not always as extensive or inclusive as needed. This prevented early understanding of the scope of the pandemic and delayed contact tracing that could have reduced the spread of infection.

  - Early testing sites in the St. Louis region, which had the first COVID deaths in the state, were located in areas with limited testing access for residents at highest risk of poor COVID outcomes, leaving many minority residents distrustful of subsequent local or state public health efforts. Similar sentiments also were voiced in the Southwest region.



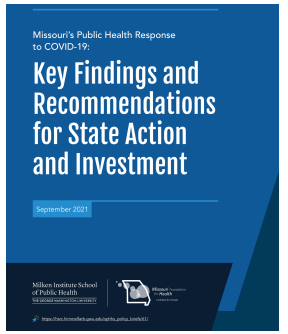
Contact Tracing

- **LPHAs had limited capacity and resources to sustain surveillance activities and contact tracing.** Many LPHAs do not have trained epidemiologists who could provide localized analyses of the pandemic for local officials and the community



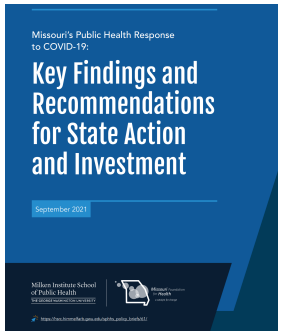
Vaccines

- Most LPHAs did not have vaccine appointment systems that could meet the demand and be interoperable with surveillance/reporting systems.
- LPHAs were forced to purchase appointment systems in the middle of an emergency, often learning to use them as they were trying to stand up mass vaccination efforts.



Outreach

- **Many LPHAs lacked a full understanding of the underlying health and social service needs of their communities,** especially those most vulnerable in the pandemic, including racial and ethnic minorities, as well as immigrant populations. This hampered their ability to know in advance (or in real time) how to target outreach and services during an emergency.



‘A lot of people are dying’: Ravages of COVID-19 surge evident inside Missouri hospital

Just 47.5% of Missourians have initiated vaccination, nearly 10 percentage points less than the nation as a whole.

Overwhelmed Kansas City area hospitals struggling to take in 911 patients

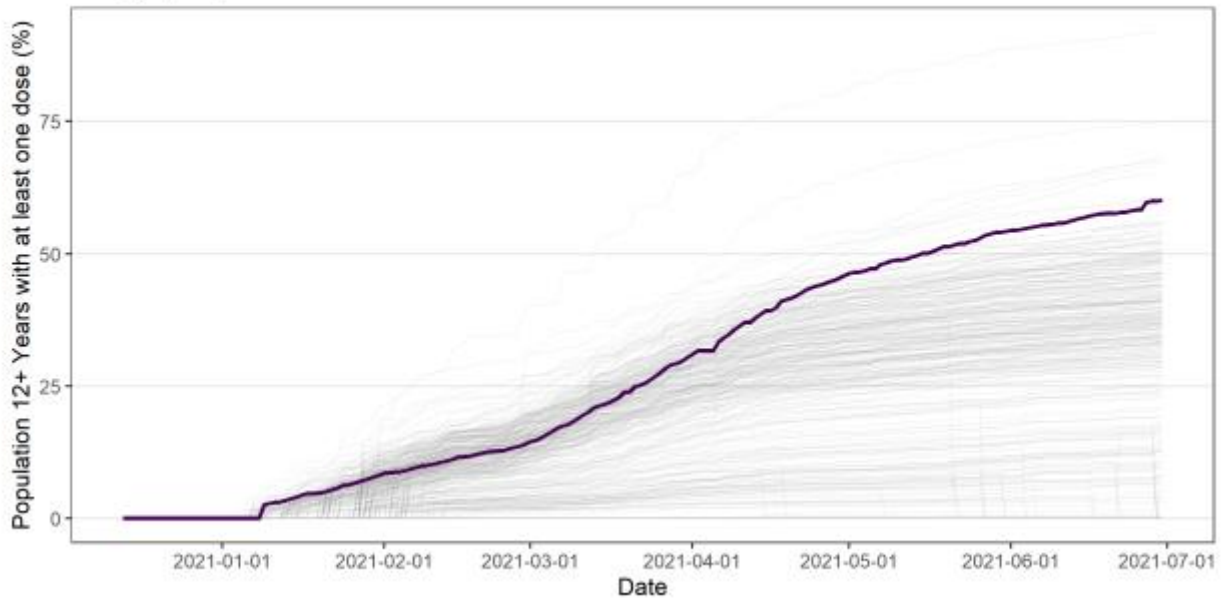
Ten Missouri children have died from COVID-19

Mercy St. Louis sending ventilators to Springfield as hospitalizations spike in Missouri

City of Baltimore

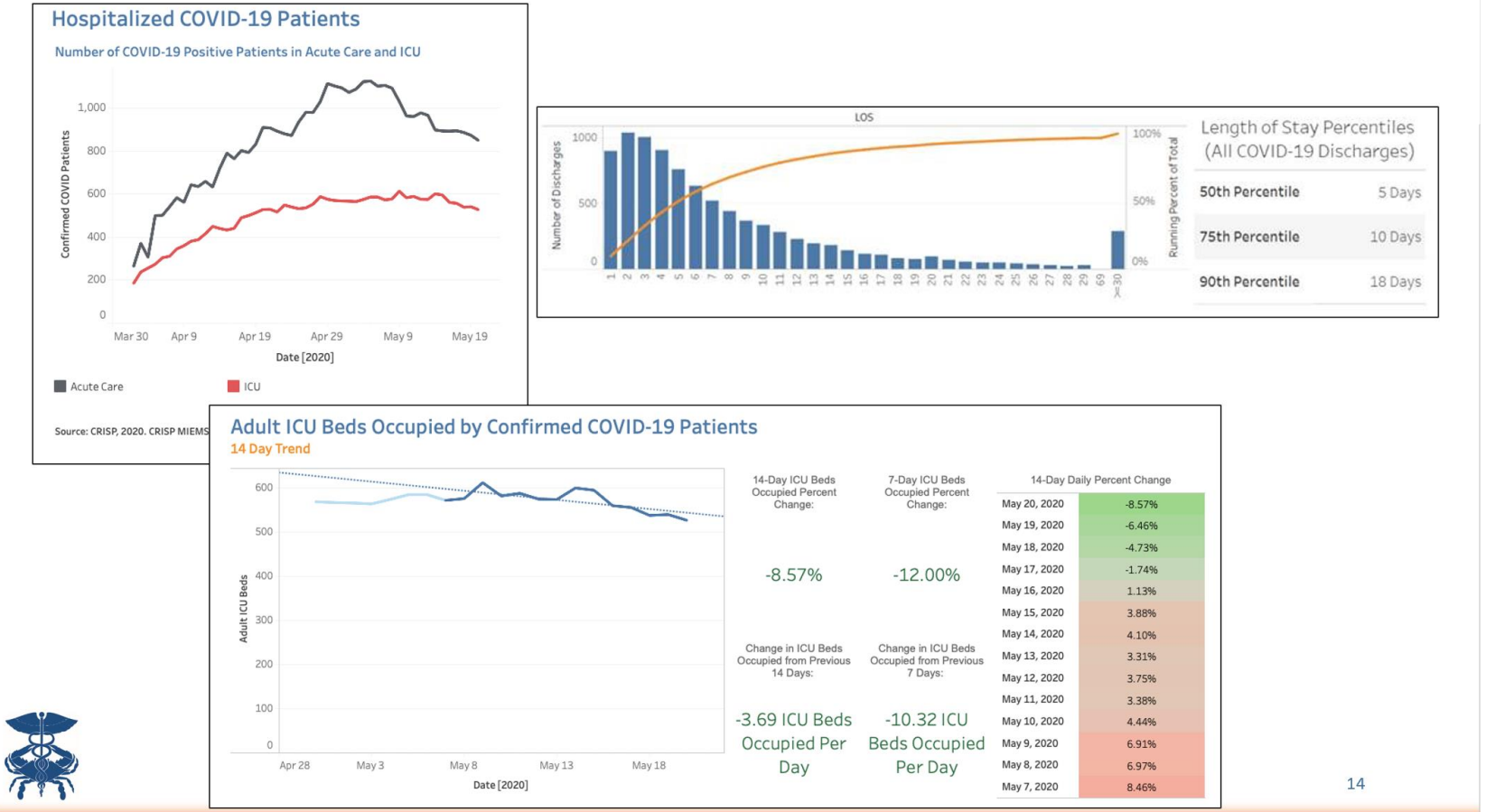
- State of the art dashboard with comprehensive data
- Major public private partnership for testing, quarantine and isolation housing, and vaccination
- Hired 250+ community health workers for contact tracing, resource support, and vaccine education

Figure 5. Proportion of population 12+ years with at least one dose of COVID-19 vaccine, January to June 2021. Purple line represents Baltimore City. Grey lines represent 325 other counties with similar sociodemographic profiles.



Lee & Marx, 2021

State of Maryland



Real-time health information exchange

State of Maryland

The health information exchange:

- Notifies physicians which of their patients still need to be vaccinated
- Allows physicians to rapidly send people for state testing
- Improves reporting by race/ethnicity
- Can provide geographic analyses to support enhanced public health outreach

Lessons

- “Preparedness” is not enough
- Resilience requires strong infrastructure for public health
- Major reforms and greater funding needed to support the public health system that the US deserves