



Public Health Emergency Preparedness & COVID-19: The Past and the Future

Presenter:

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PHEP and COVID

- PHEP (Public Health Emergency Preparedness) consists of several domains and capabilities that revolve around readiness
- The COVID-19 pandemic, being both emergency and public health in nature, invokes the use of PHEP protocols to combat the disease
- Currently, Capability 13 (Public Health Surveillance & Epidemiological Investigation) and Capability 11 (Non-Pharmaceutical Intervention) have been the highlighted activities
- Moving forward, Capability 8 (Medical Countermeasure Dispensing & Administration) will grow in importance (vaccine deployment)



COVID-19 Today



COVID-19: Today

- The U.S. public health system has not seen a pandemic on the level of COVID-19 in a century
- In Kansas, public health is decentralized (primarily ran at the county level)
- The public health workforce in Kansas is not equipped or accustomed to dealing with a single disease at this intensive pace for this long
- We are currently in a “new normal” but the transition and acceptance of this has been very difficult (for elected officials, public health professionals, and the public)



Funding Challenges

- COVID is expensive and labor intensive
 - Disease investigation and contact tracing are tried and true non-pharmaceutical interventions for a public health emergency but require staffing; the volume of cases presents the financial challenge we see today
- There have been a mix of funding pools, mostly Federal, with differing due dates and use allowances
 - Private foundation grants offered the most flexibility (but were relatively modest totals)
 - Amongst Federal sources, CRF is generally more flexible than ELC
- Federal financial response includes a mix of different grants (with their own funding rules and deadlines). Local health departments are not used to managing such diverse grant requirements on timelines this tight.
- The following slide covers a variety of COVID-related funds that were at least in part accessible to local health departments in Kansas



Funding

- Federal
 - Coronavirus Supplemental: \$1,700,000
 - CRF (Round 1 through the counties): \$400,000,000
 - CRF (Round 2 through KDHE): \$4,120,000
 - ELC (Care Coordination): \$4,000,000
 - ELC (Expanded Testing): \$5,000,000
 - ELC (Salaries): \$9,000,000
- Other
 - Blue Health Initiatives: \$185,000
 - Sunflower Foundation: \$100,000



Successes

- Thanks to PHEP efforts and planning, local health departments have found a lot of collaborative success in combating the pandemic
- Examples:
 - Working closely with its schools in reopening efforts.
 - Frequent meetings with local entities and aggressive action early on regarding county-specific orders and restrictions. Lots of open communication.
 - Unified Command (city, county, hospital, and health department) managing and directing the incident. Clear guidance provided to the public and response partners. A call center from day one. Frequent and consistent messaging across all Unified Command partners.



Successes Cont.

- More Examples:
 - Established key partners that are kept updated weekly via email/Zoom (includes hospitals, physicians, long-term care, law enforcement, and the county administrator/commissioners).
 - KALHD information-sharing in conjunction with KDHE daily webinars.
 - Partnerships with city governments and faith-based organizations.



COVID-19 Tomorrow



COVID-19: Tomorrow

- COVID has redefined public health to a “new normal”
- Many typical public health priorities will remain secondary to combating the pandemic
- This will not end by the 2020 election
- Ultimate end-game (to return, as much as possible, to the “old normal”) revolves around vaccine development



COVID-19: Tomorrow

- Vaccine trials are underway. The government is looking for a vaccine that is:
 - Safe to use (side effects)
 - Effective (reasonable reduction in contracting COVID and/or diminishing the severity of symptoms)
- Vaccine rollout is going to be very complicated and PHEP has prepared local health for this specific mission



Vaccine Rollout

- Millions of doses will be involved
- Likely will have guidance on priority groups to receive the vaccine first (e.g., first responders, high-risk individuals, etc.)
- Information indicates this may be a multi-dose vaccine (of the four U.S. Phase 3 vaccines, only Johnson & Johnson's is single dose), meaning an added layer of tracking
- There's no way to automate vaccine delivery. This is going to be very labor intensive



How Commissioners Can Help



How to Help

- Public health often feels “not valued” or “dismissed”. COVID-19 demonstrates why public health is a critical function of local government
 - In Kansas, public health is decentralized to the county level. By law the county commission is ultimately responsible for all aspects of the health and welfare of its population
- Commissioners should work to ensure they are keeping up-to-date on their local health department activities
 - Invite your local health administrator to present to the commission (at least quarterly)



How to Help

- COVID-19 specifically is very stressful for local health department employees
 - Local Health Officers, Administrators, Case Investigators, and Contact Tracers receive threats relating to their work
 - These roles may all be occupied by a single employee, depending on county size
 - Burnout is real
 - Many are working uncompensated hours (evenings, nights, weekends)
 - The disease is novel (new) and the guidance/recommendations keep changing
 - The public struggles to understand (it looks inconsistent) and that is often taken out on local health professionals (accusations they don't know what they are doing)
 - Politics has entered into the pandemic response. This is an added element of pressure on public health decision-making that should not be there.



How to Help

- Commissioners can take several steps to help combat these challenges:
 - Publicly support local health staff
 - Support local health recommendations
 - If you disagree with a recommendation, ask for a discussion. It's best for local health and commissioners to be on the same page and follow the best available data
 - Work to understand long-term health department needs and collaborate to find resources to achieve those needs
 - Encourage your local health team. COVID is demoralizing and praise goes a long way!

Questions?

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