
Presenter:
Dennis Kriesel (Executive Director, KALHD)
October 28, 2020
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?

Contact Details:

Dennis Kriesel: 785-271-8391 (dennis.kriesel@kalhd.org)