Weathering the COVID Storm: Impact on National, State and Local Public Health Efforts Now and in the Future

Dialogue for Action
May 5, 2021

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Chief Medical Officer
Association of State and Territorial Health Officials
State Health Agency Leadership

**Leadership**

State health agencies (SHAs) are led by a state health official (SHO), also known as a secretary or commissioner.

SHOs bring a variety of experiences to the job.

64% hold a medical degree.

Of those, 52% also have an MPH.

**Governor 66%**

State's secretary of health and human services 14%

Board or commission 10%

Other 10%

**Tenure**

SHO tenure is highly variable.

- **2.7 years (Average)**
- **1.7 years (Median)**
- 2 months (Minimum)
- 15 years (Maximum)

48% of SHOs report directly to the governor.
“‘All Hands on Deck’: Health Workers Race to Track Thousands of Americans Amid Coronavirus”
- Feb. 22, 2020
Health Departments Feel Strain During COVID-19 Pandemic

**STAT**
“We need one response — not 50 — to fight Covid-19”
- May 22, 2020

**FSN | Food Safety News**
“Local health departments feeling the strain of coronavirus pandemic”
- April 9, 2020

**POLITICO**
“States brace for disasters as pandemic collides with hurricane season”
- June 1, 2020

“Getting it right: States struggle with contact tracing push”
- May 18, 2020

**CNN**
“The opioid epidemic was already a national crisis. Covid-19 could be making things worse”
- May 7, 2020

**Washington Examiner**
“States face having to cut public health programs during pandemic”
- June 2, 2020

**The New York Times**
“Coronavirus Makes Cooling Centers Risky, Just as Scorching Weather Hits”
- May 6, 2020

**ROUTE Fifty**
“In Hard-Hit New Jersey, COVID-19 Saddles Some Small Health Departments With Crushing Workload”
- May 23, 2020
Funding for public health agencies declined 10.3% from 2010-2018.

The size of the public health workforce decreased 10% since 2012.
But the number of public health workers has declined... at a time we need them most.


The Challenging Course of the Pandemic?

**The Washington Post**
“Trump administration’s new rapid coronavirus tests plagued by confusion and a lack of planning”
- Sept. 29, 2020

**The Hill**
“CDC tells Congress it urgently needs $6 billion for vaccine distribution”
- Sept. 18, 2020

**PEW**
“Preparing for the Worst, Health Agencies Mount Unprecedented Flu Shot Drives”
- Sept. 10, 2020

**W E L L + G O O D**
“Scientists Believe COVID-19 Is Airborne—Here’s What That Means”
- Sept. 23, 2020

**Bloomberg**
“Trump’s Pre-Election Goal for a Vaccine Has States on Edge”
- Sept. 4, 2020

**CNN Health**
“Here’s why a vaccine will not stop the Covid-19 pandemic right away”
- Sept. 15, 2020

**The New York Times**
“C.D.C. Tells States How to Prepare for Covid-19 Vaccine by Early November”
- Sept. 2, 2020

**npr**
“States Report Coronavirus Cases Linked To Sturgis, S.D., Motorcycle Rally”
- Sept. 15, 2020
State/Territorial Health Officials in Spotlight Face Unique Challenges and Critique

“The Washington Post”

“Local Public Health Workers Report Hostile Threats And Fears About Contact Tracing”  
- June 3, 2020

“Ohio’s Amy Acton inspires admiration, and a backlash, with tough coronavirus response”  
- May 18, 2020

“PennLive Patriot-News”

“‘Please don’t misgender me’: Reporter calls Pa. health secretary ‘sir’ multiple times during interview”  
- June 13, 2020

“MSNBC”

“Political Fight Over Church Gatherings Risks Further Coronavirus Spread”  
- April 9, 2020

“npr”

"Some of these decisions are not popular, but public health officials are just trying to keep people safe."  
- June 3, 2020
We Stand With Public Health: A Call to Action
The Washington Post

“In Quest for Herd Immunity, Giant Vaccination Sites Proliferate”
– Mar. 12, 2021

“Biden sets nation on seven-week sprint to near-universal vaccine access”
– Mar. 12, 2021

The New York Times

“In Quest for Herd Immunity, Giant Vaccination Sites Proliferate”
– Feb. 28, 2021

CNN

“More schools are preparing to open as coronavirus cases drop and vaccinations rise”
– Mar. 11, 2021

“Urgency to ramp up vaccination clashes with Biden’s equity focus”
– Feb. 1, 2021

POLITICO
A New Normal for Public Health Agencies

May 19, 2020 | 10:56 a.m. | Marcus Plescia MD, MPH | ASTHO Chief Medical Officer

As states and territories prepare to reopen many of the functions of their economies and communities, it is also time to pivot to a new normal at health departments nationwide. COVID-19 has been the most substantive threat facing public health in decades and required an urgent mobilization and redirection of resources for all public health programs. A crisis of this proportion would stress any agency, but following a steady decrease in workforce over the past decade, public health has been hit particularly hard. We cannot expect health departments to continue pre-COVID work and continue to sustain the COVID-19 response without adequately scaling up our resources.

Many vital public health functions such as immunizations, chronic disease prevention, STI/HIV prevention, and the opioid overdose response have had to be scaled back in response to COVID-19. If this continues, it will soon have profound effects on the public’s health, even in areas where we have previously been successful, such as tobacco cessation and childhood immunizations. The new normal in public health must be an adaptation to the need to contain and control COVID-19 while simultaneously addressing the many other public health needs in a jurisdiction. We need to adapt to the new normal, but we cannot continue to do more with less.


- Scale Up Vaccination Campaigns
- Prevent a Resurgence of Other Chronic Diseases
- Refocus on Diseases of Despair
- Protect the Most Vulnerable
- Create a New Normal
Figure S2. Potential Impact of the COVID-19 Pandemic on Future Cancer Outcomes

COVID-19 PANDEMIC
- Reduced Access to Care
  - Fear of infection
  - Reallocation of health care resources
  - Unemployment leading to financial insecurity & insurance loss
  - Shutdowns & social distancing

Prevention & Early Detection
- Delayed Routine Care
  - Preventative visits
  - Screening
  - Abnormal test follow-up
  - Symptom follow-up

Diagnosis
- Later-stage Diagnosis
  - Lower probability of survival
  - Fewer treatment options
  - More intensive treatment

Treatment
- Delayed/Modified Treatment
  - Postponed surgery, radiation, and chemotherapy
  - Less intense chemotherapy
  - Non-standard care

Cancer Mortality
Cancer Screenings in the U.S.

Breast Cancer Screenings
- 2020
- 2019
- 2018
- 2017

- Mean Weekly Screening Volume 2017-Jan 19, 2020

Estimated Missed Screenings:
- 285,000
- 28,514
- 35,233

Colon Cancer Screenings

Estimated Missed Screenings:
- 95,000
- 8,349
- 11,554

Cervical Cancer Screenings

Estimated Missed Screenings:
- 40,000
- 3,609
- 4,718

Source: https://ehrn.org/articles/delayed-cancer-screenings-a-second-look
An overall drop in cancer diagnoses was not just due to declines in screening, but also to delays in diagnosis of symptomatic cancers and those detected incidentally due to patients' distancing from health services.
Problem Statements
Confronting alarming consequences from the COVID-19 pandemic

Increased Cancer Mortality
Pandemic-related reductions in health care access and cancer screening will result in a short-term drop in cancer diagnoses and a later corresponding increase in late-stage cancer diagnoses and preventable deaths.

Increased Disparities
The pandemic will likely exacerbate social and economic obstacles, and disproportionately affect disadvantaged and underrepresented populations.

These outcomes will be devastating and plague our work for years to come unless we respond relentlessly, emphatically, and collaboratively.
FRAMEWORK FOR EQUITABLE ALLOCATION OF COVID-19 VACCINE

Helene Gayle, William Foege, Lisa Brown, and Benjamin Kahn, Editors
Committee on Equitable Allocation of Vaccine for the Novel Coronavirus
Board on Health Sciences Policy
Board on Population Health and Public Health Practice
Health and Medicine Division
A Consensus Study Report of

and
NATIONAL ACADEMY OF MEDICINE
THE NATIONAL ACADEMIES PRESS
Washington, DC
www.nap.edu
Public Health Strengths During the COVID-19 Response

Regina Hawkins, MPH; Elizabeth Ruebush, MPH; Marcus Plescia, MD, MPH

https://journals.lww.com/jphmp/Fulltext/2021/05000/Public_Health_Strengths_During_the_COVID_19.20.aspx
Providing Essential Funding to States, Tribes, Localities, and Territories

The U.S. government has taken unprecedented action to address the public health threat posed by this new coronavirus. To accelerate response efforts, CDC received supplemental funds through four congressional acts: the Coronavirus Preparedness and Response Supplemental Appropriations Act, the Coronavirus Aid, Relief, and Economic Security Act, Paycheck Protection Program and Health Care Enhancement Act, and the Coronavirus Response and Relief Supplemental Appropriations Act. CDC is actively funding state, tribal, local, and territorial public health organizations to meet the challenges of this fast-moving public health threat.

Funding for States, Tribes, Localities, and Territories as of January 18, 2021

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Appropriated</th>
<th>Obligated</th>
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<tbody>
<tr>
<td>Coronavirus Preparedness and Response Supplemental</td>
<td>$950M</td>
<td>100%</td>
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<tr>
<td>Appropriations Act</td>
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<tr>
<td>Coronavirus Aid, Relief, and Economic Security Act</td>
<td>$1.5B</td>
<td>86%</td>
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<tr>
<td>(CARES)</td>
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<td>Paycheck Protection Program and Health Care</td>
<td>$10.3B</td>
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<tr>
<td>Enhancement Act</td>
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<tr>
<td>Coronavirus Response and Relief Supplemental</td>
<td>$25.65B</td>
<td>86%</td>
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<tr>
<td>Appropriations Act</td>
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</tbody>
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CDC’s emergency supplemental funding supports a range of critical activities including:

- Epidemiology, surveillance, and contact tracing
- Laboratory testing and diagnostic development
- Guidance for schools, businesses, and the workforce
- Guidance and outreach for the public
- Health department readiness and coordination
- Travel health outreach and travel notices
- Vaccine, planning, distribution, administration, monitoring, and tracking
- Guidance, outreach, and education for health care professionals
“Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020”
Top Public Health News

STAT

“Driven by the pandemic and ‘the Fauci effect,’ applicants flood public health schools”
– Mar. 17, 2021

MEDPAGE TODAY

“Insults, Threats of Violence Still Imperil Public Health Leaders”
– Feb. 21, 2021

PEW

“COVID-19 Variants Further Strain Public Health Agencies”
– Feb. 8, 2021

KHN

“Landmark Covid Relief Law Pumps More Than $100 Billion Into Public Health”
– Mar. 18, 2021
State Public Health and CHWs: Opportunity to improve community to clinical connections

- **Downstream**
  - Clinical and patient-focused healthcare services

- **Improved Population Health**

- **Upstream**
  - Public health and place-based services
Sustainable CHW financing: A “Both/And” Approach
• Enterprise Approach
• Interoperable
• Security to Protect Patient Data
• Workforce Preparation
• Public Private Partnerships
Effectively Messaging Cancer Screening During the Pandemic

• 1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.

• Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.

• An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.

Download @ ACS4CCC.org: https://www.acs4ccc.org/effectively-messaging-cancer-screening-during-the-covid-19-pandemic/