Congressional Briefing and National Webinar

April 26, 2022
3:30 – 5:00 PM Eastern

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Closed Captioning

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Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel

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Agenda

Welcome and overview of Ready or Not report

Presentations from panelists

Questions and Answers

Closing
Ready or Not Report 2022

- Examines the country’s level of public health emergency preparedness on a state-by-state basis using 10 key indicators
- Highlights lessons of the COVID-19 pandemic
- Focuses on recommended policy action in seven priority areas
Ready or Not State-by-State

Indicators of State Public Health Emergency Preparedness
State performance, by scoring tier, 2021
Key Findings

Progress

- Almost all states reported having a laboratory surge plan
- Most states are accredited in the areas of public health, emergency management, or both
- More states joined Nurse Licensure Compact
- Seasonal flu vaccination rate rose significantly in recent years – but still far below the 70% target
Key Findings

Challenges

- Public health infrastructure weakened by chronic underfunding
- Public health workforce was depleted before pandemic
- Only half of the U.S. population is served by a comprehensive public health system
- Only 28 percent of hospitals, on average, earned a top-quality patient safety grade, down slightly from 31 percent in 2020
- Just over half of workers used paid time off in a given month
Lessons of COVID-19 Pandemic

• Equity must be central in public health preparedness and response
• Increased, flexible, and sustained funding is needed across the public health system
• Modernized health data and disease tracking systems are needed
• Coordinated and consistent leadership, based in science are critical
Preparedness Funding to States Has Declined
Boom and Bust Cycle of Public Health

1. Underfunding
   - Public health receives little funding because there is no emergent public health threat

2. Crisis
   - Public health system faces an acute public health threat

3. Funding Increase
   - Policymakers increase public health funding to respond to crisis

4. Crisis "Solved"
   - Acute public health mitigated. Emergency funding disappears
Key Federal Recommendations

• Invest in public health infrastructure, data modernization
• Prioritize investments in healthy equity and social determinants of health to help build resilient communities
• Provide job-protected paid leave
• Accelerate development and distribution of medical countermeasures
• Strengthen the healthcare system’s ability to respond and recover from health emergencies
• Invest in public health communications; earning and building trust
• Create a COVID-19 Commission
For More Information

• Report and findings at https://www.tfah.org/report-details/ready-or-not-2022/

• Follow TFAH on Twitter @HealthyAmerica1

• Contact TFAH at: info@tfah.org
Welcome to Our Panelists

Leandris Liburd, PhD, MPH, MA
Associate Director for Minority Health and Health Equity Centers for Disease Control and Prevention

Thomas Dobbs, MD, MPH
State Health Officer Mississippi State Department of Health

Céline Gounder, MD, ScM, FIDSA
Senior Fellow & Editor-at-Large for Public Health Kaiser Health News/Kaiser Family Foundation
Leandris Liburd, PhD, MPH, MA
Associate Director for Minority Health and Health Equity
Centers for Disease Control and Prevention

cdc.gov
Advancing Health Equity to Strengthen Public Health Systems

Leandris Liburd, PhD, MPH, MA,
Associate Director for Minority Health & Health Equity, CDC
April 26, 2022
Pursuing Health Equity
CDC Proclaims Racism Public Health Crisis, Calls for Health Equity

The agency said the systemic racism rooted in unequal social determinants of health burden impacts health for marginalized communities.

'In the end, everything is about equity': How experts say the pandemic could invigorate climate change action

Data and Technology Can Help Us Make Progress on COVID Inequities

Op-Ed: Employers’ diversity and equity efforts often overlook people with disabilities


Stay Home Save Lives #Covid19
Our country faces converging economic, health, and climate crises that have exposed and exacerbated inequities...

Our Nation deserves an ambitious whole-of-government equity agenda that matches the scale of the opportunities and challenges that we face.

CDC CORE Health Equity Science and Intervention Strategy

- In 2021, CDC launched an agency-wide strategy that aims to integrate health equity into the fabric of all we do.
- Vision: All people have the opportunity to attain the highest level of health possible.

https://www.cdc.gov/healthequity/core/index.html
Supporting Partners at All Levels

- **$3 billion** awarded to **64 jurisdictions** to support local health departments and community-based organizations to increase vaccine access, acceptance, and uptake
- **$2.25 billion** awarded to health departments across the U.S. and its territories to work in collaboration with community partners
- **$348 million** to organizations for community health worker (CHW) services to support COVID-19 prevention and control
- **$32 million** to organizations for CHW services to support training, technical assistance, and evaluation

Learn how CDC is partnering for vaccine equity: [https://www.cdc.gov/vaccines/health-equity/index](https://www.cdc.gov/vaccines/health-equity/index)
CDC Chief Health Equity Officer
Chief Health Equity Officer

Charge

- Develop a CDC COVID-19 Response Health Equity Strategy to address the increasing health disparities and inequities worsened by the pandemic

- Coordinate efforts with HHS and redouble CDC’s commitment to diversity, equity, and inclusion to help CDC achieve its public health mission

CDC’s COVID-19 Health Equity Strategy: Why?

- COVID-19 may worsen already existing health and social inequities.
- Data highlight groups at increased risk of severe illness from COVID-19.
- Effective public health intervention planning accounts for the individuality of the populations to increase the chances for success.

CDC’s Commitment to Preparedness & Future Response Efforts

- CDC firmly believes that issues of health equity and health disparities will continue to arise in future pandemic response efforts.
- The CHEO Unit was established to centralize CDC’s efforts to prepare, address, and respond to issues of health equity not only for the COVID-19 response but for future response efforts as well.
- The work of CHEO is centered around priorities that will continue to be important as work shifts to planning and preparation for future pandemic response efforts.

https://www.cdc.gov/healthequity/racism-disparities/index.html
Strategies to Advance Health Equity

- Understand how **differences in access** affect communities
- Develop and **implement approaches** to address these differences
- Consider their **impact** on different groups
- Mobilize **community engagement** and support
- Identify **inequitable conditions** in the social environment
- Change **community dynamics** to support health
- Implement **public health policies** that address underlying causes of health inequities

[Link to CDC's website](https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/what-we-can-do.html)
CDC Resources
Health Equity in Action Webpage

- Showcases CDC’s collaborative efforts to address health disparities among populations at higher risk for severe COVID-19 and advance health equity
- Identifies the populations of focus for CDC Health Equity activities
- Serves as a resource for partners, media, policy makers, and others interested in CDC’s health equity efforts during the COVID-19 response

Connect With Us!

- **Health Equity Matters** is a quarterly e-newsletter that shares news, perspectives, and progress related to minority health and health equity. [https://www.cdc.gov/minorityhealth/newsletter.html](https://www.cdc.gov/minorityhealth/newsletter.html)

- **Health Matters for Women** is a monthly e-newsletter that provides information on what is happening in women’s health around CDC and other agencies. [https://www.cdc.gov/women/newsletter/index.htm](https://www.cdc.gov/women/newsletter/index.htm)

- **Conversations in Health Equity** is a blog devoted to increasing awareness of health inequities and promoting national, state, and local efforts to reduce health disparities and achieve health equity. [https://blogs.cdc.gov/healthequity/](https://blogs.cdc.gov/healthequity/)

- Engage with us on Twitter [@CDCHealthEquity](https://twitter.com/CDCHealthEquity) and LinkedIn [@CDComhhe](https://www.linkedin.com/company/cdc-health-equity/).
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Thomas Dobbs, MD, MPH
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TFAH Ready or Not Congressional Briefing and National Webinar
Thomas Dobbs, MD, MPH
4/26/22
COVID Deaths in Mississippi

• Mississippi has lost 12,424 lives from COVID
• >1,000 under 50
• 13 children

• Mississippi lost to Vietnam War – 637
• Mississippians lost to WWII – 3,555
Challenges and Opportunities

- Underfunded Operations
- Siloed/Restricted funding
- Short term, siloed & reactive planning
- Overly prescriptive funding does not meet community needs
- Under-developed workforce (MS has a smaller public health workforce post-pandemic and expanded responsibilities)
- Uncompetitive Salaries
Increased Demands with Shrinking Workforce

Public Health Nurses, MS

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
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<tr>
<td>2000</td>
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<td>2010</td>
<td>400</td>
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<tr>
<td>2020</td>
<td>300</td>
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But the number of public health workers has declined... at a time we need them most.

There is always a new public health threat evolving around the corner. People just don’t know about it.... We are perpetually responding/waiting but under resourced to fully meet the challenge.
Céline Gounder, MD, ScM, FIDSA
Senior Fellow & Editor-at-Large for Public Health
Kaiser Health News/Kaiser Family Foundation
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Submit Questions for Our Panelists

J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America’s Health
Moderator

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Thank You to Our Moderator and Panelists

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Thank you!

@HealthyAmerica1

The recording and slides will be available at tfah.org.