Challenges and Lessons Learned during COVID-19 for Local Public Health in North Dakota

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Overview

Welcome!

Pandemic challenges, gaps and lessons learned

What's next?

Questions

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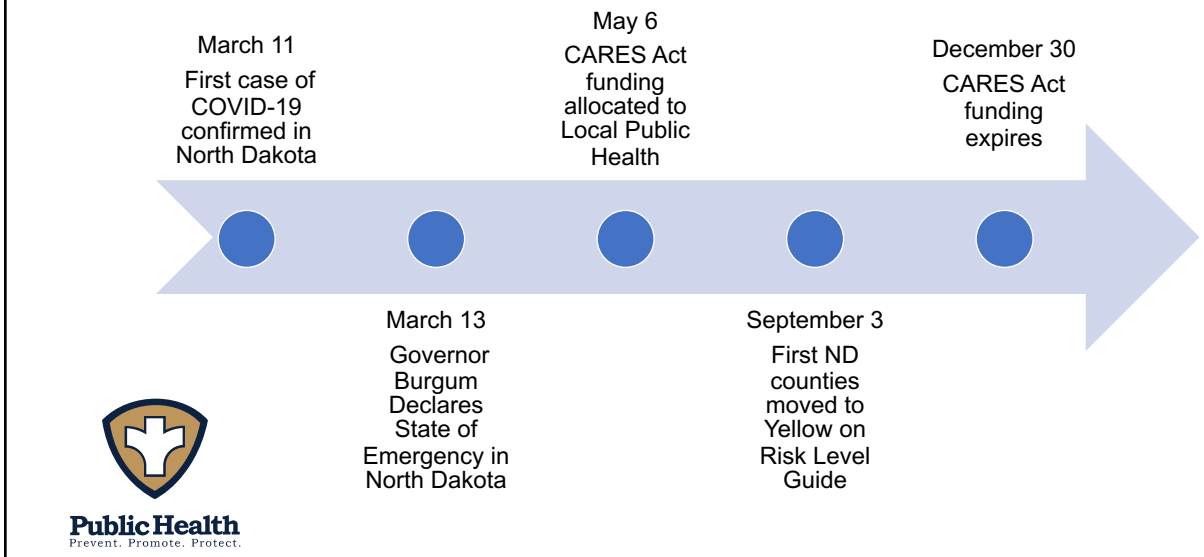

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Communication

Messages Must be Culturally Competent & Repeated

- Stood up Emergency Operation Centers locally
- Arranged public information briefs and EOC meetings
- Advised City and County leaders on policy to protect public health
- Rural communities need to hear messages from trusted sources
- Began collecting and sharing local data
- Initiated public education & awareness

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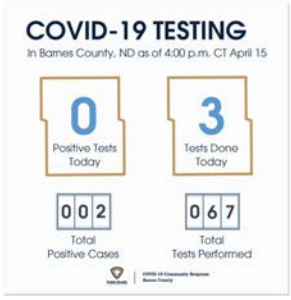

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Collaboration

Community Partnerships are Greatest Capital

- EOC meetings allowed us to identify local protective factors
- Collaborated with rural healthcare providers to identify resources
- Leveraged community partnerships to unify local emergency response
- Challenged by access to testing, personal protective equipment, local healthcare capacity, economic impacts, community re-start planning

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Equity

We Must Double-down on Addressing Social D.o.H

- Identifying unintended disparities created or exacerbated throughout COVID response
- Need to shift focus on how we inspire individual cooperation with guidelines, not how we force the public to comply
- We don't yet understand the full impact of the pandemic
- To avoid inequitable protection during the next emergency, we must recommit to our work on health in all policies

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Funding

We Must Secure Political Capital and Flexible $$$

- Crisis highlighted gaps in public health systems at federal, state, local levels
- Response became politicized, funding was delayed
- Local budgets covered response for weeks; questionable reallocation of existing $
- Had to project & request funding before we understood local response needs
- Current funding expires on December 30; still no sign of a federal compromise

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Infrastructure

Chronic Underfunding of PH Created Extreme Gaps

- Existing Lifesize system for emergency management helped support collaboration
- Local caches of PPE & emergency response supplies extremely limited
- FIT testing for respirators was rarely implemented in local healthcare facilities, created burden on LPHU's to arrange
- Rural LPHU's have experienced a crash course in emergency management
- Local agencies calling on PH to secure PPE and supplies, to guide their policies and give "blessings"
- Long wait on systems from state Ex) TestReg, PrepMod, Dynamics

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Innovation

We Must Adapt to Galvanize Public Confidence

- Embracing technology's role in our pandemic response
- Rural communities innovate to offer testing & immunizations…sometimes in a big old barn
- PPE shortages inspired local innovation…3D printing face shield bases

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Leadership

Securing LPH Role as Chief Health Officer

- Pandemic has increased awareness of public health
- We have seen increase in social media followers, communication with our office, increased space for us at the table
- Three State Health Officers since mid-March, position currently open
- We need apolitical support to carry out our mission locally

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Workforce

We Must Protect and Invest in Rural Human Resources

- Rural communities face healthcare staffing shortages in ordinary times
- LPHU's have increased staffing to support local response efforts: school nurses, contact tracers, registered nurses, administrative support
- Health systems cutting hours, while LPHU staff started to burn out
- To address gaps, we ought to invest in the professional development of our rural Public Health leaders

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What's Next?

Preventing a Twin-demic

- Working to increase Influenza vaccination rates and protect our most vulnerable
- Have seen increased demand for Influenza immunizations
- Preparing for local COVID-19 vaccine deployment, in the absence of allocated $$$
- Increasing education and awareness around safety/efficacy of COVID-19 vaccine

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Questions?

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