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COVID-19 Lessons for Public Health and the Future of Healthcare

*The following is adapted from a summary of a presentation by **Leana Wen, M.D.**, Emergency Physician and Visiting Professor of Public Health Policy and Management, George Washington University, at The Governance Institute's virtual Leadership Conference held January 18–19, 2021.*

Healthcare leaders are finding themselves in an unfortunate and very challenging time, one year into the pandemic, facing unimaginable infection and death rates coupled with critically low ICU capacity.
Sometimes we can get numb to the numbers. But focusing on patient stories can help remind us of the important work we are doing and what more we need to do still. So, I would like to start by sharing two very different patient stories.

The first patient is a woman in her 40s who contracted COVID and has no idea where or how it happened. She lives in a multi-generational household with her 70-year-old mother, uncle, and several children. The virus spread from her to her family members due to their close quarters. Her uncle passed away from it. Several children were also infected, thankfully with mild symptoms so far (although we don't yet fully understand the long-term impact of this virus on children or adults). She and her family tried all along, since the beginning of the pandemic, to do everything they possibly could to follow the guidelines and to avoid spreading the infection. This story is a stark reminder that social distancing is a privilege—something not everyone has.

The other patient is a woman in her 70s, a former smoker with emphysema, diabetes, and heart disease. She has been too scared to go anywhere. She has her groceries delivered, she doesn't go to her senior center, and doesn't see her grandchildren. Her brother is a resident in a long-term care facility and has stopped eating over the last several weeks due to depression from profound isolation. This is the human toll of coronavirus. Beyond the numbers of people infected and who have died, there are the hundreds of thousands who have also lost their livelihoods.

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This article will discuss the following themes, with an emphasis on key actions public hospital leaders and boards can focus on now to not only get their communities through the last hurdle (vaccination), but ensure that public health infrastructure can remain strong and vigilant in the years to come:

1. Five key lessons learned and how this applies to our understanding of healthcare going forward
2. Future implications for public hospital leaders and boards to consider

Key Lessons We Have Learned Thus Far

Now we must look forward and find ways to make a difference with the time we have. Better understanding what has happened can help us focus our future direction.

1. The Importance of a Coordinated, National Response

In the early months of the pandemic, hospitals were scrambling to procure enough PPE. We had to ask our providers to go to Home Depot and Lowes to buy masks. We were supplying our own goggles (sometimes ski masks!) and making our own

→ Key Board Takeaways for Public Hospital Boards

- **The community is the first line of defense:** Hospitals cannot curb the spread of COVID on their own, nor can the public health system. As providers, we must find ways to help everyone see their individual role in public health, both to help end this pandemic and to better respond to the next one.
- **Revitalize public trust in science:** Hospital and community leaders must give all their effort to get us back on the right page. We must explain why there are changing messages as the science changes. This will take all of our collective effort now.
- **Health disparities have long existed, and the virus is not the one doing the discriminating:** This should be a clarion call to all of us to recognize that these problems exist and make sure that solutions we put forward don't perpetuate these disparities.
- **Make public health efforts matter** more to the people in your communities by connecting public health matters with what people care about. Invite public health leaders to the table along with other trusted community leaders. Don't just talk about the cost of doing something, but the cost of doing nothing.

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face shields. States and hospitals had to bid against one another. We still don't have sufficient testing because of the lack of a coordinated, national response. People still have to wait three to five days for test results to come back, which greatly reduces our ability to curb the spread. Hospitals are left on the frontlines trying to figure it out for themselves. It is difficult to plan effectively when you don't know how many vaccines are coming your way or when.

2. We Need Data

If we don't have data, we are flying blind. Last year, what we thought were the first U.S. cases were probably not the first cases. Even at that time we were discovering that for every one case there were dozens, if not hundreds, already spreading in the community. Without contact tracing every single case identified was just a canary in a coal mine. Without enough testing, we focused our efforts in the wrong places. We don't have enough genomic surveillance—other countries do this much better. Australia for example analyzes more than 40 percent of all of their cases; we do this for less than 0.5 percent of our cases. This is why we didn't detect the new variants sooner. So, while we desperately need more rapid vaccine rollout, we also need more testing and genomic surveillance so that we can take more targeted actions to curb further spread.

3. The Community Is the First Line of Defense

We do our best to treat patients in hospitals—it is our duty to treat everyone with humanity, dignity, respect, and provide comprehensive, science-based medical care. But what happens when our hospitals are overwhelmed? It has been disappointing for providers to know how much it is affecting us and our patients and then walk outside and see people living their lives as if nothing was unusual. The lesson here is that hospitals cannot do the work on their own; the public health system cannot do the work on its own. The community is really the first line of defense. It is up to individuals to bend the curve. As providers we must find ways to help everyone else see their individual role in public health.

4. Public Health Depends on Public Trust

When public trust is eroded it is difficult to get it back. When political leaders say something different from public health leaders, people don't know whom they should believe. Then, basic public health measures like mask wearing become unnecessarily politicized. Public health has been pegged as the enemy instead of being understood as the roadmap back to schools reopening and economic recovery. Hospital and community leaders must give all their effort to get us back on the right page. We must

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explain why there are changing messages. In public health, we respond to science and are constantly reevaluating that science. When the science changes, our guidance changes.

Public education on the basics of mask wearing is an important issue to revisit now. People need actionable information. Wearing a mask anytime you are outside is not always the right guidance. Messaging should make scientific sense so that people are more likely to comply. Clear rules about when to wear masks, why to wear masks, and when you don't need to wear masks, is very important.

Further, we will need a majority of Americans to be vaccinated in order to come out of this. You can't build trust overnight and once it is lost it is even harder to regain. This will take all of our collective effort now.

5. The Pandemic Unmasked Existing Problems in Healthcare

Health disparities have long existed, and the virus is not the one doing the discriminating. Communities of color and low-income individuals tend to be made up of essential workers who live in crowded, multi-generational housing where they cannot socially distance. They can't take time off work because they don't have sick leave or they are worried they will lose their jobs. They are the hardest hit with health conditions that predispose them to more severe effects of COVID. We have long underinvested in public health and now all that is coming to roost. This should be a clarion call to all of us to recognize that these problems exist, and to make sure that solutions we put forward don't perpetuate these disparities. It takes an intentional focus on equity to ensure that existing disparities will not be perpetuated.

> "Our children are the living messengers we send to a future we will never see…so, we want to send them to that future healthy, strong, vibrant, and with their destinies in their own control."
> —*Congressman Elijah E. Cummings*

Implications and What Must Be Done

In the short term, healthcare and public health leaders must do the following:

1. **Focus on vaccines.** This will get us out of this pandemic. Changing eligibility rules and changing federal guidance is creating mass confusion. We must expand

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eligibility to stop the mismatch between supply and demand, and reduce barriers to access by opening up more sites. Getting this straightened out will require an all-hands-on-deck effort.

2. **Focus on testing and a clear strategy for how to approach it.** We know we need mass testing and mass contact tracing in order to effectively quarantine and isolate those who need to do so. But we don't currently have the capacity to do this. Hospitals have a major role to play in understanding what their role can be.
3. **Emphasize and educate the public, with clarity, on the need to continue mitigation measures** such as masking and banning all indoor gatherings.

In the medium term, the following are some important considerations for hospital and public health leaders (begin discussion and assembling task forces now):

1. **We must figure out how to get back to some semblance of normality,** which means reopening schools, ensuring businesses don't suffer anymore, and helping those who are suffering become whole again.
2. **Vaccination passports** will be discussed more and more, and whether it will be voluntary or a required measure.
3. **How do we rebuild our healthcare system?** Telemedicine is here to stay and expanding, but it will not eliminate brick-and-mortar care. We know we have to go where people are, which means home care expansion. Boards and healthcare leaders need to work now to develop frameworks to integrate telemedicine and home care with the whole care continuum. Further, many have put off their routine medical care and communities are dealing with issues long neglected including mental health and chronic disease care. We must find a way to build systems into our infrastructure so that we will no longer have to neglect these problems.
4. **There is a critical need to restore trust in science** and in top government scientific institutions.

In the longer term:

1. The impetus is on healthcare and public health leaders to **not let these lessons go to waste.**
2. We need to **invest a lot more in public health,** both at the state and regional level but also investing in local systems.
3. We need to invest more resources to **address social determinants.** Food insecurity is dramatically impacted by the pandemic. If you are unable to quarantine due to lack of housing, it has a direct public health impact—eviction becomes a public health crisis.

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4. We need to **better align social health needs with payment incentives.** Without an intention to equity, the most disadvantaged individuals will be left even further behind.

Make the Case: Advocacy and Actions for Public Hospital and Health System Boards

Public hospital and health system boards and CEOs can make public health efforts matter more to the people in their communities by connecting public health matters with what people care about. If their top priority is education, our job is to make the case about how we need to be treating our children's health. If they have lead poisoning, they can't learn. If they don't have glasses, if their stomach is hurting, if they don't have proper nutrition or sleep, they can't learn. If someone cares about jobs, make the health connection for them: if people aren't healthy they can't be effective workers.

Often public health is not invited to the table. You can create your own tables where you are inviting other stakeholders because public health applies to all areas of community concern. Don't just talk about the cost of doing something, but talk also about the cost of doing nothing. We often focus solely on the cost of an intervention, but often what is more powerful or damaging is the cost of not doing it.

Hospitals and health systems can play a major role to restore trust in science for the simple fact that the messenger is often more important than the message. Hospital leaders, practitioners, and others associated with healthcare are the most trusted messengers to consumers about their health. We know from research that doctors, nurses, and pharmacists play the largest role in determining whether someone will take the vaccine. Engage other trusted community leaders in the effort, such as priests and pastors, public school leaders—a coordinated, combined trusted messengers' role cannot be overstated. Speak publicly, at city council meetings, write an op-ed in the local newspaper, and be a public advocate for science and public health.

What we do is always in service of our hope for a better future.

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