

Sustained Management of COVID-19: Considerations for State and Territorial Health Agencies

April 2022

Introduction

As the public health system transitions to sustained management of COVID-19, ASTHO is providing a set of actionable, evidence-based considerations for state and territorial public health agencies to implement in the coming months of the COVID-19 response. Underlining these considerations is a commitment to achieving equity in health outcomes, sustaining public health systems capacity, and maintaining trust and credibility through public communication.

Public health officials, partners and stakeholders, and the communities they serve all play an important role in implementing these considerations and creating healthier communities as our national response to COVID-19 continues to evolve.

Prepare for Future Surges

- Increase immunization rates and capacity.
- Prepare for the end of the federal Public Health Emergency declaration.
- Support healthcare system readiness.

Strengthen Local, State, and Territorial Public Health Infrastructure

- Identify COVID-19 health disparities.
- Ensure readiness of the public health workforce.
- Sustain appropriate disease investigation and testing capacity.
- Implement data systems improvements.

Prioritize the Protection of High-Risk Groups

- Improve infection control practices in long-term care facilities.
- Include people living with disabilities in response planning.
- Improve ventilation and air quality in schools.

The purpose of this document is to provide a manageable and focused set of activities that are within the influence of state and territorial public health officials. The strategies outlined have clear, short-term indicators of success and are supported with evidence and resources to assist with implementation. ASTHO will continue to work with state and territorial public health officials to update these strategies as necessary to align with shifting response needs.

Prepare for Future Surges

Increase Immunization Rates and Capacity

Primary series and booster dose vaccines are a critical tool to prevent severe illness from COVID-19 infection. Engaging healthcare providers, who are often the source of information for individuals who

have questions about vaccines or who may be hesitant, is an established evidence-based practice for addressing vaccine hesitancy.

Actions:

- Continue to work with healthcare providers and provider organizations to increase enrollment in COVID-19 vaccine programs and reduce barriers.
- Support providers in gaining access to and leveraging the Immunization Information System reminder and recall function.
- Conduct a review of immunization data use and exchange policies to identify potential barriers to interstate data sharing agreements and bi-directional data sharing with providers.

Resources: [ASTHO COVID-19 Vaccine Comparison](#) | [ASTHO Vaccination Policy Toolkit](#) | [Legislative Prospectus: Immunization](#) | [Evidenced-Based Approaches States and Territories Can Implement to Advance Adult Immunization Uptake During the COVID-19 Pandemic and Beyond](#)

Prepare for the End of the Federal Public Health Emergency Declaration

The federal Public Health Emergency (PHE) declaration is currently set to expire on April 15, 2022, unless renewed for an additional period. If the Biden Administration does not extend the PHE beyond April 15, many emergency measures will expire. Even if the declaration continues for another 90 days, many anticipate that it will be allowed to expire in summer 2022. This means that regardless of the exact timing, state and territorial public health agencies should begin to consider the implications of the PHE expiration.

Actions:

- Assess which actions under federal PHE powers your jurisdiction is currently utilizing.
- Determine whether actions taken under the federal PHE can be accomplished through other powers or would cease when the PHE ends.
- Communicate which services or needs will be unmet as a result of the federal PHE expiration.

Resources: [Impact of Public Health Emergency Determination on COVID-19 Response](#)

Support Healthcare System Readiness

To prepare for potential new variants and an increase of COVID-19 cases, jurisdictions should ensure their healthcare systems stand ready to support another surge and that there is adequate awareness of CDC's community level indicators statewide.

Actions:

- If not in place, establish a routine review schedule of your jurisdictional crisis standards of care plan including community stakeholders.
- Review and revise healthcare system purchasing practices to assure that adequate quantities of PPE are readily available.
- Review and address staffing plans for local and statewide surges that could overwhelm hospital systems in the future.

Resources: [Crisis Standards of Care and COVID-19: What Did We Learn? How Do We Ensure Equity? What Should We Do? - National Academy of Medicine](#) | [CDC Community Levels](#)

Strengthen Local, State, and Territorial Public Health Infrastructure

Identify COVID-19 Health Disparities

Having the capability to identify disparities in case numbers, hospitalizations, death, vaccination status, and access to therapeutics by race, ethnicity, and urban/rural differences can inform public policy. Health equity cannot be realistically addressed without accurate and complete race and ethnicity data in all public health datasets.

Actions:

- When available, engage health information exchanges in matching public health datasets with vital statistics and other data sources that have more complete race and ethnicity data.
- Meet with public health surveillance, Immunization Information System, and other data system managers to understand capacity, limitations, and needs to improve data system capture of race and ethnicity data.
- Expand the use of the social vulnerability index to identify vulnerable rural populations at greatest risk of poor COVID-19 outcomes.

Resources: [Charting a Course for an Equity-Centered Data System](#) | [Achieving Progress Toward Health Equity Using Race and Ethnicity Data](#)

Ensure Readiness of the Public Health Workforce

The COVID-19 pandemic has challenged the public health workforce in unprecedented ways. Efforts to address workforce burnout, resiliency, and morale should be developed and implemented. In addition, community based public health workers (e.g., community health workers, promotoras, peer recovery coaches) are widely recognized as a critical part of the evidence-based approach to improving individual and community health through their ability to build trust and relationships, as well as deepen communication between patients and healthcare providers.

Community-based public health workers have a deep understanding of their communities through lived experience, which makes them uniquely qualified to address social and behavioral determinants of health. ASTHO has contracted with the National Association of Community Health Workers to help support state workforce community health worker (CHW) registries and expansion efforts and provide technical assistance to states in this area.

Actions:

- Provide specialized mental and behavioral health support to address burnout and employee wellbeing.
- Update workforce policies to allow more flexibility for current employees, increase equity and be attractive to new employees (remote work, flexible schedules).
- Reassess professional licensing and position requirements to retain and expand the public health workforce.
- Meet with human resource directors to discuss efforts to standardize CHW job descriptions that allow CHWs to do community-level work and build career ladders for CHWs.
- Actively partner with national associations of community based public health workers, such as the [National Association of Community Health Workers](#), and consider developing a registry and assessment of workforce capacity for your state.

Resources: [The Historic Opportunity COVID-19 Presents to Address Health Equity](#) | [Community Health Workers: Evidence of Their Effectiveness](#) | [How Can Community-Based Organizations Help Support the COVID-19 Vaccination Effort? \(English and Spanish\)](#)

Sustain Appropriate Disease Investigation and Testing Capacity

While many health departments have shifted away from universal case investigation and contact tracing, these interventions remain an important COVID-19 mitigation strategy for prioritized populations and settings, and will be needed in future outbreaks. In addition, it is critical that jurisdictions use available tools to detect any changes in conditions that may signal a need for a different level of response to COVID-19. Diagnostic and surveillance testing provide key data points that will help identify outbreaks and mitigate the spread of disease. Emerging strategies, such as wastewater surveillance, can serve as an early warning that COVID-19 is spreading in a community.

Actions:

- ❑ Develop a scalable staffing plan for disease investigation and contact tracing capacity responsive to key indicators (i.e., case counts, hospitalizations) that includes staffing plans and forecasts for various community levels of transmission.
- ❑ Identify sustainable funding to support disease investigation and contact tracing capacity in various outbreak scenarios.
- ❑ Conduct ongoing staff training (including cross training) on effective disease investigation and contact tracing methods, with an emphasis on reaching populations at greatest risk for transmission and severe disease.
- ❑ Build upon the capacity and capabilities of public health laboratories enhanced during COVID-19 for diagnostic and surveillance testing such as genomic surveillance, wastewater surveillance, and high throughput testing.
- ❑ Maintain the capacity to procure over-the-counter tests and quickly establish mass testing sites in the event of a surge (supplies, procurement/contracts, etc.)

Resources: [Making Contact: A Training for COVID-19 Case Investigators and Contact Tracers](#) | [A Coordinated, National Approach to Scaling Public Health Capacity for Contact Tracing and Disease Investigation](#) [SARS-CoV-2 Wastewater Surveillance Testing Guide for Public Health Laboratories](#) | [Using Wastewater Surveillance Data to Support the COVID-19 Response — United States, 2020–2021](#) | [Use of At-Home COVID-19 Tests — United States, August 23, 2021–March 12, 2022](#)

Implement Data Systems Improvements

The COVID-19 pandemic has underscored both the significant challenges and opportunities for improving public health surveillance systems and data infrastructure. A coordinated, enterprise-level approach to data systems improvement, including data modernization efforts, is needed to support increased capacity to detect, monitor, and respond to shifting trends in the pandemic and future health threats. Jurisdictional efforts to monitor and forecast potential outbreaks and surges can also be considered.

Actions:

- ❑ Establish a deputy-level role on your agency's leadership team to (1) oversee the implementation of data modernization efforts as well as any future planning, and (2) coordinate with health agency data modernization initiative and informatics leads, as well as Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

program leads, to align progress, challenges, and next steps on the [Data Modernization – COVID](#) project.

- Use the preliminary findings from the ELC-required [Data Modernization – COVID](#) assessment of workforce, data, and health information systems across health agency programs to strategize for future investments and improvements and develop increased buy-in for cross-program modernization efforts.

Resources: [Data Modernization Initiative Strategic Implementation Plan](#) | [JPHMP Commentary on Data Modernization](#) | [HL7® Launches Helios FHIR® Accelerator for Public Health](#)

Prioritize the Protection of High-Risk Groups

Improve Infection Control Practices in Long-Term Care Facilities

Long-term care facilities (LTCF) have been disproportionately burdened by the COVID-19 pandemic, and LTCF residents and staff continue to remain highly vulnerable to COVID-19. Data management and surveillance through national data systems can better inform COVID-19 infection prevention, control, and outbreak response activities in LTCFs. Quality improvement and assurance processes can be conducted to assess areas for systems improvement.

Actions:

- Work with LTCF and association partners to emphasize the importance of data and surveillance through the [National Healthcare Safety Network \(NHSN\)](#).
- Encourage LTCF staff training and provide support on utilizing NHSN to prevent and control the spread of healthcare-associated infections and antimicrobial-resistant (HAI/AR) pathogens across the healthcare spectrum.

Resources: [CDC NHSN LTCF Component](#) | [CDC NHSN LTCF COVID-19 Module](#) | [Report: Eight Ways Health Department Leaders Can Support Effective HAI/AR Programs](#)

Include People Living with Disabilities in Response Planning

The risk of severe COVID-19 is high for people living with disabilities. People living with disabilities may have needs that require intentional planning to ensure equitable access to COVID-19 services. When referring to people living with disabilities, ASTHO references the [CDC definition](#) of disability.

Actions:

- Assure that people living with disabilities are represented in your COVID-19 planning efforts.
- Leverage state immunization registries with Medicaid and Supplemental Security Income data to identify dually eligible individuals who have not received a vaccine to target outreach.

Resources: [10 Essential Questions for Disability Inclusion in Health Agencies](#) | [Reducing Vaccine Hesitancy for People Living With Disabilities](#)

Improve Ventilation and Air Quality in Schools

Infectious diseases like COVID-19 can spread through the inhalation of airborne particles and aerosols. Improving indoor air quality in school buildings can help to better [protect the health](#) of students and teachers by reducing the risk of COVID-19 spread.

Actions:

- Develop plans to assess, fund, and implement upgrades needed to school ventilation systems. Opportunities for funding these efforts could utilize resources from the American Rescue Plan.

Resources: [Improving Ventilation in Schools, Colleges, and Universities to Prevent COVID-19 | U.S. Department of Education](#) | [Factsheet: Biden Administration Launches Effort to Improve Ventilation and Reduce the Spread of COVID-19 in Buildings](#) | [EPA Clean Air in Buildings Challenge and Resource Guide](#)

Conclusion

While these considerations are not all-encompassing, they provide tangible actions for states and territories to take as they plan for sustained management of COVID-19. ASTHO stands ready to support state and territorial health officials as they continue to respond to the COVID-19 pandemic.

For technical assistance or further discussion on the above-mentioned strategies, please email preparedness@astho.org.