Transcript from September 29, 2022: Leaving No One Behind: How Can the Federal Government Help Meet the Unique Health Needs of Rural Communities in Pandemic

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Andrea Lapp: Welcome to today's Webinar, leaving no one behind. How can the Federal Government help meet the unique health needs of rural communities in pandemics? Our moderator, Anita Cicero, will now begin.

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Anita Cicero: Thank you. Welcome everyone. Thank you so much for joining us today for the Capitol Hill Steering Committee on Pandemic Preparedness and health security. My name is Anita Cicero and I'm. Deputy director at the Johns Hopkins Center for Health Security,

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Anita Cicero: As many of you know, the Capitol Hill steering committee is a bipartisan effort, supported by twelve Congressional leaders, and also former administration officials, all of whom are committed to making the country and the world more prepared for the greatest health Security threats in the future.

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Anita Cicero: The Steering Committee is managed by our Johns Hopkins Center for Health Security at the Bloomberg School of public health, and we're very thankful to the open philanthropy project for funding this effort

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Anita Cicero: before I kick off today's session. I just want to make a quick announcement. We're delighted to announce that Senator Thomas Tillis from North Carolina will be joining the Capitol Hill Steering Committee as an honorary, co-chair and we're really looking forward to working with the Senator moving forward.

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Anita Cicero: The Covid. Nineteen pandemic has really highlighted that disparities in medical readiness between rural and urban communities,

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Anita Cicero: rural communities often face daunting challenges, and they did during this pandemic, due to fewer resources, less manpower and other issues. As a result, the health outcomes for Covid, nineteen patients and rural communities tend to be worse than in their urban counterparts.

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Anita Cicero: Improving workforce, training, medical resources, disease, prevention, general wellness, and also healthcare. Access in these communities is really necessary to bolster national security and pandemic preparedness.

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Anita Cicero: So in this session today we're going to dive into some of the unique health needs of rural communities in the United States, and talk about what the Federal Government could do to aid these communities to be better prepared in a future pandemic.

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Anita Cicero: Today we're very honored to be joined by the following speakers: First, we will have Senator Semi a Hyde-smith an honorary co-chair of the Capitol Hill steering Committee on pandemic preparedness and health security,

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Anita Cicero: and we will also hear from Dr. Kathy Slim, who is former Commissioner and State health. Ah, health officer at the West Virginia department of Health and human resources.

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Anita Cicero: We also have Dr. Carlos del Rio, who is President-elect of the infectious disease Society, of America. And finally, we have Dr. Makes Sullivan, who is the chief medical officer for the administration, for strategic preparedness and response.

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Anita Cicero: So without further ado our first speaker is Senator Hyde-smith, Senator Hyde-smith is serving her second term, representing Mississippi in the United States Senate.

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Anita Cicero: She currently serves on the Senate Appropriations Committee, and she holds a variety of additional committee and subcommittee appointments, where she works to improve the overall quality of life for all Mississippi

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Anita Cicero: as a member of the Senate Appropriations Committee. Senator Heightsman also works hard to support funding for rural broadband access and rural health. So, Senator, thank you so much for joining us today. I'll turn it over to you.

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Senator Hyde-Smith: Well, thank you so much for the opportunity to join, because this is so important to my State, and you know, when I landed in Washington, Dc. I knew then that you know I would resolve like a little healthcare,

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Senator Hyde-Smith: and we constantly hear about those challenges, and so many of us face the same challenges. But you know, when they say hospitals are closing or they're close to closing. This is real, and you know so many people think well they're just screaming.

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Senator Hyde-Smith: We want more money, and that you know It's a real situation of a world to struggle financially, and the life of transportations for patients to get to the hospital in larger cities and the medical workforce in rural areas. Boy, I hear that all the time that you know, everybody is really struggling for

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Senator Hyde-Smith: qualified health care workers to come in, and um the life of broadband for patients, the benefit from telehealth visits because we can all support telehealth visits, but if they Don't have the capabilities

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Senator Hyde-Smith: of taking advantage of that, or it's very weak or spotty. This is a huge issue, so there's many broad things that we have to work on at the same time to address these concerns.

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Senator Hyde-Smith: You know we were just in early Covid days, As you obviously know, we were so unprepared to deal with the challenges posed by that global pandemic and the national emergency. But we've learned a lot, you know. It's taught us to think on our beach and challenges to

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Senator Hyde-Smith: overcome the things that we had to overcome. But you know we didn't really know what we didn't know, and we didn't realize what we needed to learn. So we've had a lot of opportunity there to Ah, maybe be more prepared now,

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Senator Hyde-Smith: but it really highlighted rural health care issues, and it really made it. You know something on the forefront, because in Mississippi fifty four percent of our population lives in rural areas and more than half of our doctors crisis in four urban areas.

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Senator Hyde-Smith: So ah! You know, all are part of our eighty-two counties are considered to be medically underserved. But the majority of Mississippi's population just struggling daily to overcome the challenges.

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Senator Hyde-Smith: It was created by Covid, and we still have so many issues that we're still dealing with in the Mississippi,

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Senator Hyde-Smith: but you know I've always been a champion for rural health care and the providers, and stepped up to my efforts is best that anybody could. During the pandemic. We had a lot of help from a lot of partners,

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Senator Hyde-Smith: but I just continue to work on that. I'm grateful to have the opportunity to work on that of establishing, you know, office rural health at the centers for disease control to support communities through the end of this pandemic and hopefully get us in a better position and more prepared

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Senator Hyde-Smith: a lot of times. I say we were just all Black-footed and so many instances, were but i'm one of the six Senators and the Senate Telehealth working group. And you know, we're continuing to work to make public health emergency.

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Senator Hyde-Smith: So health flexibility is permanent, and to make permanent medicare coverage for these services furnished about a federally qualified health centers and rural health clinics. But, um, you know, we've just seen a lot of success. We've seen a lot of progress, but there's still so much more to do.

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Senator Hyde-Smith: You know, I look back in two thousand and seven when I was a State Senator, and we established a Mississippi position scholars program. That was one of the best things we could have done for our State, and I just remember sitting around the table

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Senator Hyde-Smith: saying, You know, if we don't have enough doctors, let's go by school, and we went and bought some. We paid for that education we paid for the medical school, but this was a huge benefit, and having the opportunity to work and introduce the rule, Positions Workforce Production Act twenty, twenty one

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Senator Hyde-Smith: which, supporting additional funding or rural Residency training for all states, We have some benchmarks. We have some things that we can say we're headed in the right direction.

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Senator Hyde-Smith: But we need more rural Residency programs in Mississippi, and we work for that in the Fy. Twenty two appropriations process. So

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Senator Hyde-Smith: you know, i'm preaching to the choir. I realized that, but it is my hope that these small towns

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Senator Hyde-Smith: that they can benefit, and will continue to better the lives of the patients not only in Mississippi, but throughout the nation, and it's so important that we listen to our rural medical professionals and their patients that you know we have. They have our ear that we do go visit with you to a tour.

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Senator Hyde-Smith: Those are. That's time well spent that we can. Truly

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Senator Hyde-Smith: it hands on information, and to try to address these in the best way that we can. But I want to thank everybody for being on the Webinar. I want to thank you for what you're doing, because the needle is moving. I even see that, and it may be because we had to do so many things during Covid that we would not have done.

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Senator Hyde-Smith: But if there are any positive that's come out of this, I think that it has benefited rural health care, and put us in a better position. So thank you for allowing me to join today and be a part of this.

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Anita Cicero: So there, thank you so much. I know that you're on the run now, but we really appreciate you making time to to join the group today, and and just wanted to thank you and your staff for being so committed to these issues, both for rural health and also for general pandemic preparedness, and and what we need to do going forward to better protect people in the in the next pandemic. So thank you very much for joining.

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Senator Hyde-Smith: Thank you so much.

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Anita Cicero: Ok. I will now move on to our first panelist, Dr. Kathy Slim. Thank you so much for joining us today.

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Anita Cicero: Our Kathy currently enjoys her own public health, consulting practice with projects focusing on community resilience and and leadership development from two thousand and eighteen to two thousand and twenty. She served as Commissioner and State Health officer for the West Virginia Department of Helping Resources

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Anita Cicero: Bureau for Public Health, overseeing the full scope of the State's public Health Activities and partnerships, as well as launching the State's response to Covid, nineteen.

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Anita Cicero: Kathy also served as West Virginia State health officer from two thousand and two till two thousand and eleven overseeing immunization programs, outbreak and disease control programs, emergency preparedness and response, efforts and agency quality improvement activities. Um, she's done it all. So thank you so much for joining us today, Katy. I'll turn it over to you,

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Cathy Slemp: me and thank you so much. And thanks to our audience today, here we're really paying attention to the issue of fairness and rural America such an important topic, and I I just want to put a little bit on some of the things that um that the Senator brought forward. Um. Our States are very similar in some ways. We know that you know forty-six million Us. Residents are four percent of our population our sitter world. And in West Virginia Here forty

percent of my State population as such, so we like Mississippi, are one of the most rural six in the nation,

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Cathy Slemp: and you know, Anita, you and your opening remarks referenced, that health outcomes of rural communities tend to be worse um in the urban counterparts because of chronic disease rates healthcare access back to broadband all the things we've been hearing about, and that's absolutely true. Um! But I want to actually start by speaking to the strong points of rural communities. And I do that because people in communities grow from acknowledging and building on their strengths, and setting a vision, and then clapping towards that.

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Cathy Slemp: And so I want to invite our audience to be part of that collaboration. So, talking to our strengths as a general rule in in rural America, we are independent and proud and resourceful. We know our neighbors, we spend time with them, we have physical space and access to nature, and we share resources.

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Cathy Slemp: Um. We know that you best get worked it along because you're likely to be working with the same people you see now, or they're relative in a different role of next year. Um, I think one of the most important things is, we all wear multiple hats, so we really can see the interconnectedness of things.

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Cathy Slemp: Um, knowing each other, we were working across sectors, and being innovative, are really critical in times of crisis, and this really played out in the pandemic We knew from prior infectious diseases in West Virginia that we'd probably be the last state to see Covid, but that once it was here, it was going to hit hard,

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Cathy Slemp: and so we were not surprised by the two thousand and twenty Kaiser report early report that said we had the highest, The nation's highest per capita risk of Covid because of our early population, by disease, race, and and poverty. As we really watched, and we raised alarms Federally Um, that Federal resources were being rapidly depleted in early hit urban areas, and it became quickly and abundantly clear that we really could not rely on Federal supply chains as as hard as they were working to do we need,

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Cathy Slemp: so we had to get innovative.

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Cathy Slemp: And so, while it took time, we partnered Government and National Guard and academia and business and community partners to find and manufacture our own Ppe. We set up statewide delivery systems to pick up and sanitize and run Qi tests on and reuse face masks. We redirected our flu supplies to Covid, nineteen testing. We three D printed test swabs. We set up a sharing network for test reagents. Among hospital labs.

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Cathy Slemp: We had distilleries, manufacturing hands, and a tizer. We worked with a car manufacturer to explore ventilation production um sewing circles spontaneously made masks for for hospitals and and people in the community. So we really worked hard in creative ways. We work so with partners, really. So we work closely with our long term Care association, and we've partnered um nursing home facilities with National Guard Local Health and Ems resources early on protesting.

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Cathy Slemp: So when it came time to vaccinate. We were the first in the nation to have every nursing home resident offered vaccine, so I share all that is to say, that rural communities can be and are, innovative and resource,

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Cathy Slemp: and that's the strength that we bring to the to the table.

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Cathy Slemp: Um. Clearly, we also have challenges. I'm going to highlight. Two first is our public health and infection control. Workforce is stretched far to its end. I think we'll hear more about the infection control. Um, an infection prevention one momentarily,

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Cathy Slemp: but as a state health official, I entered the pandemic with a twenty-two percent big issue rate in my State Health Department. It was over thirty percent of my at the office we were running our lab twenty, four, seven for weeks, with five laboratorians, all of whom were under pay. We have most local health departments who are staffed by a handful of experienced people. We're in multiple hats, and their local health officers are often beauty minded Docs juggling clinical practice, which is not an easy task in the pandemic with their public health.

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Cathy Slemp: It makes local leadership in crisis a challenge, and similarly we we struggled with the need to be up infection control capacity, because even when infection preventionists are present in rural hospitals, in nursing homes, most are wearing multiple hats.

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Cathy Slemp: The second um up issue that I think I want to touch base on in terms of challenge is technology. And I and I think, as I mentioned this as well. Um, but literally, despite cries for a prior of the pandemic, my staff were at times going to local coffee shops to use internet-based apps because our State it system was so slow it would time out your uploading data.

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Cathy Slemp: We were literally receiving hundreds of lab tests, results a day by facts like telehealth and virtual meetings. The pandemic did leapfrog us forward. We've made lots of progress since then, but there is is definitely far more to go.

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Cathy Slemp: Um, we've heard about broadband, and it is a critical issue for telehealth for remote schooling working from home. Um, in West Virginia, I think about seventy three percent of our rural communities have access to high-speed, reliable Internet You've got cell phone coverage is a little bit higher, but it's hard to do your homework or work on your phone solely. And so we ended up setting up. You know libraries of Wi-fi centers school buses both delivered meals, but they also service mobile

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Cathy Slemp: hotspots to upload your homework so clearly we need to and have to really build out broadband access for all.

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Cathy Slemp: So when I think about what are the big picture opportunities moving forward. And where can Congress's investments and actions make the biggest difference in in rural pandemic preparedness? I would think about four big broad issues, and i'll go through the first two quickly, because I think you'll hear about them and arguing about them from other settings, and we'll spend a little more time on the third and fourth.

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Cathy Slemp: But the first one, of course, is to help us vision, build, and really fund the more stable public health system in West Virginia from two thousand and sixteen to two thousand and twenty one. I think our Federal funding for about forty percent of our State health budget, not counting the Covid surge funds

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Cathy Slemp: and excluding emergency funding. The amount had been trending down.

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Cathy Slemp: So we know, and we've seen over my twenty years in public health preparedness and a disaster response. We tend to fund public health on a disease of the day, boom and bus cycle of disasters coming down.

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Cathy Slemp: So I think there's three areas that we can build that that more civil public health system that i'll highlight. I know there are more, but um! The first is to really provide disease, agnostic, predictable, consistent, and sufficient funding to build a a secure and more modern public health system. It's that stable funding that we know we can rely on that is going to sustain people in the in, the in the systems and the structures that we need to respond.

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Cathy Slemp: Um! Speaking of workforce. It's really like a capacity of our public health workforce through a little repayment programs, special training and hiring initiatives funding to sustain staff against the pull of higher paying positions in health care in the private sector,

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Cathy Slemp: because we know It's having the people and the systems and the trust in place. That's the last mile between the pill and the mouth, and the shot, and the arm and the mask on the face

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Cathy Slemp: so importantly it really fosters the relationships and the connections that allow for that ingenuity and that flexibility that we talked about earlier, that we can really build on that strength.

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Cathy Slemp: And then the third um infrastructure piece in our system. There, I think, is just to make sure that through policy and best practices and support that we really ensure that public health and other government agencies really maintain strong community linkages, so that trust is established in the most effective solutions for everyone.

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Cathy Slemp: So that's our need to rebuild and modernize our public health system.

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Cathy Slemp: The second area, I think, has to do with executive decision support processes. I think we need to build cross-sector practice and community informed structures that um strengthen the policy decisions, of course, for executives, whether it be our governors or our Presidents in disasters, it was really a reality that on, and so that far too often the pandemic chief executives were making decisions through really unclear processes,

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Cathy Slemp: or that health departments would learn of policy decisions by participating in their executive press conferences.

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Cathy Slemp: Um, So I think there's lots of ideas how to do this. There's different models. I know. Some have suggested potentially something like a Presidential or a Vice Presidential Health Security Commission or other models, something like the Council on Science and technology. Um, but something that really gives a standing strong a cross-sector field based um expert coordinated um decision support system for for our executives

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Cathy Slemp: and then I think similarly Congress and the Nga and the administration can encourage and support best practices for state-level executives to ensure that rapid expert and community of form. Decisions, of course, are available in disasters. So I think there's a room that we can. We can advance there.

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Cathy Slemp: The third one I have to say. I feel passionately about um, and I think I have to have to to to hope, and and I want to reiterate the importance of recognizing that there's absolute intertwining between pandemic preparedness and the everyday functioning of families and communities. Um resilience to disasters is absolutely grounded in the financial stability of families and the social cohesion of beings.

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Cathy Slemp: We clearly saw the biggest disparities in health outcomes where those were absent, and we know that poverty, races, and even mentioned earlier, were strong predictors of High Covid, nineteen case rates and mortality rates, and as actually by, I think, September, two thousand and twenty, and moving forward rural, persistently poor communities led the nation in the cumulative cases for one hundred thousand residents. So there's a strong tie there. So it means that Congress's work to build the economic.

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Cathy Slemp: The stability of families is pandemic prepared in this work, and it's frankly very critical, and it can be done through child tax credits, expanding the Eitc increasing minimum wage affordable housing initiatives paid family leave investments in quality, child care, and after school programs we in reality have an increasingly disaster phone world, and we know that strong nurturing environments for children reduces adverse childhood Experiences

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Cathy Slemp: Bill that builds positive childhood experiences, and all of that in turn significantly reduces the long term risk and the societal cost of disasters, but also a chronic disease and substance use and team pregnancy and mental health disorders and incarceration.

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Cathy Slemp: So I think that that's high is so critical to recognize. I think we have to think about that issue, not just for those under the Federal poverty level, but for those who fall in the alice category that's asset-limited income constrained and employed.

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Cathy Slemp: So it's the in-home caregiver. I know who makes too much for medicaid but can't afford the one thousand seven hundred dollars deductible of her insurance purchase off the Exchange,

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Cathy Slemp: or it's my student, who's a recently divorced mother of three, working as a marketing director for a credit union, and frankly, it's the office assistant at the Health Department, who works on pandemic of preparedness. So you know, if I look at this issue in West Virginia, in two thousand and nineteen free pandemic

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Cathy Slemp: um. This was forty five percent of West Virginia households struggling to make ends meet. Seventeen percent of those were under Federal poverty levels twenty, eight percent in the in the Alice category. If you look at black families it's sixty percent, and in single female headed household is eighty percent.

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Cathy Slemp: So we also know that while traditional economic indicators are improving, the percent of Alice's households is actually rising in my State and nationally so stabilizing this group so that they can get a degree, can take a promotion without dropping off fiscal clip and childcare benefits, so that they can buy a house to build financial equity, so they can have a reliable card to improve health outcomes. Those who are a viable car to get to work. Those can improve health outcomes in pandemics, too.

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Cathy Slemp: And again, it also impacts our mental health and substance. Use disorder, crisis and our um foster care system crisis and our chronic disease rates. I think we have to look at families as our nation's smallest businesses, and we really can't let them fail.

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Cathy Slemp: But I think that's a critical piece to think about, and the final one I want to touch base on is to emphasize the importance of rebuilding and trust in our government and in each other.

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Cathy Slemp: You know, the health effect of our societal and our political polarization in this pandemic truly cannot be overstated, and they really played out heavily in in rural America.

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Cathy Slemp: I work with Hopkins on Coke. Well, it's a Cdc funded model to support communities and building resiliency to disasters,

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Cathy Slemp: and when we work with the locality is the most popular part of that model is typically the social capital and cohesion component, because we know that our social cohesion is one of the biggest predictors of how a society weathers disaster. We just do better when we trust and engage with each other,

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Cathy Slemp: and and we've been struggling with that in our in our nation today. Obviously, in twenty twenty, the national fear of economic research reported trends in what they call effective polarization, the gap between how people feel about members of their own party versus a differing party, and um Affected polarization has been increasing the Us. Over the past forty years faster than any other nation they study. And this is concerning, because high levels of polarization are associated with, reduced their,

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as you can see

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Cathy Slemp: and decrease social cohesion, so it results in or outcomes and disasters, as we've seen in coding less gets done. Societal conflict intentions are higher. Trust your roads mental health declines and resources get wasted. So it's just It's a really concerning environment within which we dealt with this ten day.

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Cathy Slemp: Um, you know,

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Cathy Slemp: when we look when the researchers there are looked at what correlated with with that rising aspect of polarization. And again, this is correlation not necessarily causation. The two most associated issues were actually the evolution of partisan news networks and our political parties sort of the fact that we tied four pieces of identity with our political affiliations, and this really directly undermines social cohesion and disaster. And as we've seen a play out in Congress in State legislative

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Cathy Slemp: legislators, legislatures, kind of commissions, school boards in essence, the pandemic threw health into the cross fires this polarization and over criticized it, and it meant that governors at times were using less than ideal decision making processes.

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Cathy Slemp: It meant that I, as a health official, had things I knew worked, but I could not publicly talk about or act on. It meant that hundreds of seasons, public health leaders in our country, and at least forty two States left resigned over fire, and it meant that some of our public made personal decisions based on those in my group rather than trusting. Well, open, remarkable solutions like vaccines. So this is a really tough issue, but I raise it because I don't think the connect is

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Cathy Slemp: because we should with this with this topic, and because it really has played out dramatically in many rural communities, and is critical to put it to our high rate of disease and death.

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Cathy Slemp: So in closing

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Cathy Slemp: um, you know, I really think we we know that rural communities experienced highlight, that our experiences highlight critical issues. Um, and no fairness. We know that rebuilding a more effective and a sustain public health system and workforce forward by technology and building infectious disease, capacity and strong advanced collaborations, et cetera.

101
00:32:42.760 --> 00:33:01.529
Cathy Slemp: All are really good starts, but we really can't stop there, I think, to truly impact it long term what we've learned from Covid is that it's going to take proactive investment in everyday economic stability of families and building nurturing environments for children and work to repair our nation's political and societal polarization.

102

00:33:01.540 --> 00:33:31.120
Cathy Slemp: Um, that we we know that civic leadership um models require effective democracy, and and are perhaps the greatest things that Congress could do to prepare us for for the next pandemic, and it it clearly is hard, and our audience today knows that with anyone else. But the good news is that in doing so we would also be impacting rural America's opioid crisis. Our mental health crisis, our suicides are heart disease, race, and other issues. So I just leave you with the fact. For now, by

103
00:33:31.130 --> 00:33:47.450
Cathy Slemp: Covid, that it really is healthy, socially connected individuals living in thriving communities and working together the most resilient, both pandemics and and other crisis, and not just in rural America, but but across the nation. It's something that's not there. So thank you.

104
00:33:47.800 --> 00:34:06.970
Anita Cicero: Thank you so much, Kathy. I really appreciate your holistic take on on these issues so many important points. To return to our next speaker is Dr. Carlos del Rio Carlos, as I said, is the current President-elect of the Infectious Disease Society of America, and he has served in the society. Throughout his career

105
00:34:07.110 --> 00:34:16.479
Anita Cicero: Carlos previously held a position on the Isa Board of Directors, and he has served as the chair of Idsa's Hiv Medicine Association.

106
00:34:16.489 --> 00:34:36.149
Anita Cicero: Carlos is also a professor of medicine at Emory University School of Medicine, Professor of Global Health and Epidemiology at the Roland School of Public Health at Emory University, and the Executive Associate Dean of Emory at Grady. Health System. Thank you so much for joining us, Carlos. I'll turn it over to you.

107
00:34:36.610 --> 00:34:46.099
Carlos del Rio: Thank you. I need, and I want to thank the Capitol Hill Steering Committee for having the session, and what I think is a really important topic.

108
00:34:46.320 --> 00:34:53.620
Carlos del Rio: Effective pandemic preparedness and response relies on partnerships across public health, health care, and communities,

109
00:34:53.630 --> 00:35:00.870
Carlos del Rio: and as as Dr. Slip has just described, we need sustainable public health funding to strengthen our infrastructure.

110
00:35:00.880 --> 00:35:07.399
Carlos del Rio: But we also need matching those investments with sufficient resources on the clinical side. In our health care facilities,

111
00:35:07.780 --> 00:35:23.240
Carlos del Rio: as we have seen in Covid, nineteen infectual disease experts, physicians, infectious preventionists, clinical microbiologists, Infectious pharmacists have played a unique role in critical role in dynamic repairance and response.

112
00:35:23.250 --> 00:35:28.980
Carlos del Rio: Yet we are facing serious shortages in this workforce, especially in rural communities.

113
00:35:29.140 --> 00:35:32.420
Carlos del Rio: Ids A. And the Hopkins Center for Health Security

114
00:35:32.430 --> 00:35:48.789
Carlos del Rio: released just yesterday a new report entitled Infectious Experts. America is linked back to everyday Life, which describes significant, complex and varied roles it experts have played in preventing illness and hospitalizations, and promote recovery and resilience.

115
00:35:49.390 --> 00:36:01.570
Carlos del Rio: I want to share with you some perspectives from the front lines, discuss the factors, driving this work for shortages and highlight some important policy solutions that will help our rural communities be prepared for future emergency

116
00:36:02.340 --> 00:36:06.990
Carlos del Rio: from the Ips, saying Hopkins report, we conducted an interview that we,

117
00:36:07.000 --> 00:36:17.129
Carlos del Rio: an interview to learn more about the waste ivy expert, had contributed to the pandemic response, and we saw that, in addition to directly caring for a high number of patients with Covid nineteen,

118
00:36:17.570 --> 00:36:25.559
Carlos del Rio: most Id experts took on significantly a significant number of new or expanded growth in their hospitals and clinics,

119
00:36:30.520 --> 00:36:44.110
Carlos del Rio: including leading clinical trials, managing, prioritizing complex administration of Covid, nineteen therapeutics that were often in limited supply scaling up testing and vaccination and developing and continually updating guidance

120
00:36:44.120 --> 00:36:49.049
Carlos del Rio: to keep P. With emerging science and allow effective health procedures to resume safety

121
00:36:49.450 --> 00:37:00.360
Carlos del Rio: During the Covid nineteen pandemic in Texas. These clinicians provided telecoms support to general internness, and others taking care of patients in rural communities where there was no infectious disease,

122
00:37:00.570 --> 00:37:10.239
Carlos del Rio: while initial waves of Covid nineteen were in most urban settings. The pandemic quickly swept into our rural communities who suffered high rates of serious illness and death.

123
00:37:10.290 --> 00:37:15.690
Carlos del Rio: Rural hospitals struggle with high-patient volumes, and the need for extremely complex care.

124
00:37:15.880 --> 00:37:23.490
Carlos del Rio: For example, when the pandemic first hit here in the State of Georgia, it was not in Atlanta. But an Albany. Of that happened

125
00:37:23.500 --> 00:37:37.999
Carlos del Rio: no one would have predicted that Southwest Georgia would be hit sorely and so hard by the pandemic with a population of ninety thousand. Dorothy County has registered so far twenty three thousand cases in over five hundred deaths from Covid,

126
00:37:38.110 --> 00:37:44.899
Carlos del Rio: after the first case was diagnosed there in march of two thousand and twenty, approximately fifty people die in the next month. From Kovat, the

127
00:37:45.360 --> 00:37:50.550
Carlos del Rio: Phoebe Puppy Memorial Hospital. A six hundred bed local hospital was quickly overwhelmed

128
00:37:50.560 --> 00:37:58.380
Carlos del Rio: this major referral hospital that provides care for most of the Southwest Georgia has no infectious cease position since the

129
00:37:59.260 --> 00:38:16.369
Carlos del Rio: Id experts also played a critical role in our communities, advising schools, more teams, businesses, farms, meat, packing plans, travel, authorities, event planners, and others on how to reopen safely facilitating safe in person learning and economic recovery,

130
00:38:16.380 --> 00:38:24.989
Carlos del Rio: and I remind people over and over that it's not public health versus the economy is public health. Allowing the economy to flourish and to recover quickly.

131
00:38:25.730 --> 00:38:27.939
Carlos del Rio: We help augment public health,

132
00:38:27.950 --> 00:38:34.689
Carlos del Rio: frequently serve as trusted objective messengers in our communities. When the public struggle with mistrust of government officials,

133
00:38:34.700 --> 00:38:42.930
Carlos del Rio: they were able to turn to local Ib experts for information on how to navigate its confusing recommendations, and how to balance efforts to prevent infections

134
00:38:43.000 --> 00:38:55.150
Carlos del Rio: with the need to resume daily activities, conducting vaccination clinics, for example, and provided testing in many rural communities, was done in partnership with public health and infections to some local providers.

135
00:38:55.160 --> 00:39:01.999
Carlos del Rio: We need to encourage and provide funds for such partnerships, so they contain it to exists going forward.

136
00:39:02.940 --> 00:39:08.310
Carlos del Rio: Our health officials tell us that communities with id physicians were more resilient. Their communities were out there,

137
00:39:08.660 --> 00:39:13.989

Carlos del Rio: but with nearly eighty percent of the counties not having a single infectious position,

138
00:39:14.360 --> 00:39:29.789
Carlos del Rio: The needs are not limited just to physicians. One quarter of health care facilities report a vacant infectual prevention position before the pandemic. Over ten percent of clinical micromylies and decisions were vacant. And we know the shorts worsened significantly over the course of the pandemic.

139
00:39:29.800 --> 00:39:33.650
Carlos del Rio: A significant demand for testing led to burnout among his workforce. The

140
00:39:34.190 --> 00:39:37.139
Carlos del Rio: shortages are typically worse in rural communities.

141
00:39:37.150 --> 00:39:43.150
Carlos del Rio: They have a significant impact on patient outcomes, both during pandemics and in the so-called peacetime

142
00:39:43.460 --> 00:39:58.900
Carlos del Rio: lack of sufficient workforce contributed to increase in hospital-acquired infections, including drug persistent infections during the pandemic. Cdc. Estimates that hospitals experience a fifteen percent increase in antibiotic resistant infections and related deaths during the pandemic

143
00:39:58.910 --> 00:40:06.789
Carlos del Rio: a study of fifty three hospitals in the southeast documented a twenty, four percent increase in central line. So it's getting to bloodstream infections. Increasingly,

144
00:40:06.800 --> 00:40:11.590
Carlos del Rio: there was a forty eight percent increase in community hospitals as compared to academic medical centers.

145
00:40:11.600 --> 00:40:26.179
Carlos del Rio: As the authors explain. Community hospitals struggled to manage complex Covid. Nineteen patients, driver came for resources, staff and infrastructure, and to retain focus on patient safety in the absence of an onsite, infectious disease, position, Champion

146
00:40:26.920 --> 00:40:31.109

Carlos del Rio: patients with serious infections do better when they have access to infectious disease.

147
00:40:31.120 --> 00:40:42.689
Carlos del Rio: Numerous studies have found that this patient that patients have better outcomes, lower mortality rate, shorter hospital space and lower health health care costs. When an early Id intervention occurs.

148
00:40:42.820 --> 00:40:54.909
Carlos del Rio: The number of inner-pressed patients in our country is growing considerably including in rural communities, as many more patients now benefit from advances like organ transplantation, cancer care and treatment for our immune diseases,

149
00:40:54.920 --> 00:40:59.039
Carlos del Rio: but they all believe many of them leave you more susceptible to infectious.

150
00:40:59.180 --> 00:41:04.279
Carlos del Rio: That means that when we have an increasing number of people who need care by and affect these specialists,

151
00:41:04.410 --> 00:41:08.350
Carlos del Rio: so why are eighty percent of county still lacking? An Id physician.

152
00:41:08.770 --> 00:41:22.860
Carlos del Rio: Despite Id being intellectually stimulating and rewarding field, we struggle to recruit last year only seventy percent of infectious decision training programs filled their slots, while most other specialty spilled all for nearly all their programs.

153
00:41:22.920 --> 00:41:26.290
Carlos del Rio: Id is the fifth, lowest compensated medical specialty,

154
00:41:26.300 --> 00:41:30.279
Carlos del Rio: even below in general internal medicine, despite extra years of training.

155
00:41:30.290 --> 00:41:36.060
Carlos del Rio: In fact, it's the only specialty where you make less money after more training than before you started.

156

00:41:36.540 --> 00:41:43.600
Carlos del Rio: High Medical School debt is driving more positions to more lucrative specialties, and contributing to the dirt of infectious disease.

157
00:41:44.310 --> 00:41:57.440
Carlos del Rio: The idea workforce also needs to become more diverse according to two thousand and twenty data from the doublemc. Only five percent of infectious physicians identify themselves as black, and only eight percent as Hispanic or lab

158
00:41:57.520 --> 00:42:05.489
Carlos del Rio: decisions for underserved communities may be more likely to have a medical school debt and higher amounts of debt, making it more difficult to recruit

159
00:42:05.500 --> 00:42:07.380
Carlos del Rio: those decisions in two. Id

160
00:42:07.720 --> 00:42:18.079
Carlos del Rio: So how can we make sure that rural communities have access to benefits of infectious disease. We need a stronger and more inferous workforce that is more equitable than distributed across the country.

161
00:42:18.150 --> 00:42:21.620
Carlos del Rio: There's some Congressional proposals that could make significant impact.

162
00:42:21.740 --> 00:42:33.800
Carlos del Rio: One is to prevent Pandemics act by Senators Murray and Berg, which already passed the Senate Health and Education Labor Inventions Committee, with overwhelming bipartisan support. A vote of twenty to two,

163
00:42:34.010 --> 00:42:44.569
Carlos del Rio: prevent contains some multitude of provisions to strengthen our pandemic fairness, including improving our supply chains our clinical research infrastructure and our public health systems

164
00:42:44.580 --> 00:43:02.179
Carlos del Rio: prevent also contains a pilot program to provide targeted, long repayment, to incentivize healthcare professionals, to pursue careers of infectious disease in underserved communities. This is a minor modification for an existing Federal program that would not cost the Federal Government much, but would have significant impact for underserved.

165
00:43:02.610 --> 00:43:09.599
Carlos del Rio: I encourage all of the Congressional officers listening to please ask Congressional leaders to pass the prevent and mimic sack

166
00:43:09.610 --> 00:43:12.280
Carlos del Rio: and to send it to the President's death this year.

167
00:43:12.290 --> 00:43:16.240
Carlos del Rio: This bill, with overwhelming bipartisan support, is urgently needed.

168
00:43:16.360 --> 00:43:34.850
Carlos del Rio: We also need to make sure that frontline collisions have the resources they need with an emergency hit. I describe the significant work that many of us under children in Covid nineteen, had known for the most part that work was done without any additional compensation. Instead, relying on healthcare professionals to step up and volunteer

169
00:43:35.050 --> 00:43:45.389
Carlos del Rio: Congress allocated large amounts of funding to hospitals. But this funding typically did not reach frontline providers relying on health care workers to continue to take on considerable extra work

170
00:43:45.400 --> 00:43:50.699
Carlos del Rio: rather than adequately staffing and resourcing. Our health care system is not sustainable.

171
00:43:50.730 --> 00:43:57.370
Carlos del Rio: It is contributing to considerable Vernon among health care providers, and creating barriers to patient-seeking here

172
00:43:57.750 --> 00:44:10.180
Carlos del Rio: for example, in the current monkey box, outbreak some patients seeking monkey box, testing and treatment reported being turned away. But from providers, as many providers lack the expertise or resources to evaluate and take care.

173
00:44:10.610 --> 00:44:16.150
Carlos del Rio: Representative Sarah Jacobs is planning to introduce the Public Health Emergency Outbreak Activation Act,

174

00:44:16.300 --> 00:44:26.529
Carlos del Rio: which would provide increasing reimbursement during a public health emergency related to an infectious disease to cover the increased work associated with the prevention, diagnosis, and treatment of infection releases.

175
00:44:26.540 --> 00:44:37.859
Carlos del Rio: This will help ensure that clinicians have the resources necessary to mount outbreak responses and help prevent gaps in care which is particularly crucial in communities that already have few health care providers.

176
00:44:38.250 --> 00:44:56.559
Carlos del Rio: The next outbreak of pandemic is a matter of when not, If, in fact, most experts predict that these public health emergencies will become more frequent, and a variety of factors, including global travel, increased human to animal interactions and environmental challenges all increase, the likelihood of silenonic spread over

177
00:44:56.640 --> 00:45:00.080
Carlos del Rio: and spread of pathogens from end up with pandemic potential.

178
00:45:00.130 --> 00:45:08.300
Carlos del Rio: We need to train tomorrow's workforce today and to ensure all of our communities, are better prepared for the next pandemic. Thank you very much.

179
00:45:09.700 --> 00:45:12.870
Anita Cicero: Thank you so much, Carlos, for those important remarks,

180
00:45:12.990 --> 00:45:31.740
Anita Cicero: and Our final speaker is Dr. Meg Sullivan. Meg is serving as the chief medical officer for the administration, for strategic preparedness and response at Hhs. In this role may provides leadership and coordination on shaping strategy and plans related to public health emergency response.

181
00:45:31.820 --> 00:45:59.350
Anita Cicero: Prior to her work at Asper May served as the medical director for the Beck Lenberg. I hope i'm saying that right Backlenberg County Health Department In his capacity she provided medical oversight and strategic policy leadership for all department programs. She also served as the county's Medical Lead on Covid. Nineteen response efforts. These efforts included contact tracing, clinical guidance, community outreach and public health communications.

182

00:45:59.360 --> 00:46:03.370
Anita Cicero: So Thank you so much for joining us today, Meg. The floor is yours.

183
00:46:03.380 --> 00:46:18.879
Meg Sullivan: Thank you. I'm just incredibly delighted and honored to be here to participate in this important conversation about how the Federal Government can help meet the unique needs of rural communities in pandemics. I will try and keep my remarks free. So I think we can have time for discussion.

184
00:46:18.890 --> 00:46:28.490
Meg Sullivan: I do just want to spend a couple of minutes talking about the role of Asper. As I know not. Everybody is familiar with this, and I think it's an important part of this conversation.

185
00:46:28.500 --> 00:46:44.390
Meg Sullivan: So, and the administration for strategic preparedness and response is the division within the Us. Department of Health and Human Services, which is charged with leading the nation's Medical and Public Health preparedness for a response to in recovery from natural disasters, pandemics and other public health emergencies,

186
00:46:44.400 --> 00:46:54.750
Meg Sullivan: as the principal adviser to the Secretary of the Us. Department of Health and Human Services on matters related to Federal Public health and medical preparedness and response for public health emergencies.

187
00:46:54.760 --> 00:47:09.180
Meg Sullivan: This includes coordinating policies that drive health security and overseeing the Secretary Operation Center as the central hub for emergence health emergency response operations. As you can imagine, our our Secretary's Operation center is fully activated. Right? Now. Responding to our case. Yes,

188
00:47:10.290 --> 00:47:34.720
Meg Sullivan: in addition to important policy-related responsibilities. We coordinate Federal public health and medical response to emergent threats and all hazard incidents which includes deploying national disaster medical system response teams to States and Territories. During our following disasters we partner with hospitals, healthcare coalition, biotech and pharmaceutical companies, community organizations, state local tribal territorial governments, across the country

189
00:47:34.880 --> 00:47:36.950
Meg Sullivan: response capabilities.

190
00:47:37.170 --> 00:47:44.339
Meg Sullivan: We also advance research and development in stockpiling of medical countermeasures to help respond to these health security threats.

191
00:47:44.400 --> 00:47:58.940
Meg Sullivan: I think, throughout all of these activities aspir strives to have a focus on health equity. The needs of at risk. Populations are to ensure that the needs of at risk. Populations are considered a met and ensuring our services reach all areas, including rural areas.

192
00:47:58.950 --> 00:48:08.109
Meg Sullivan: We are continue to engage with important partners, both internal, The Hhs, such as for the Federal office of rural health policy and external partners, such as the National Association for a

193
00:48:08.220 --> 00:48:09.240
Clinics,

194
00:48:09.380 --> 00:48:20.099
Meg Sullivan: I think, just spending a few minutes today highlighting some of the lessons we have learned during Covid and other pandemics and strategies that we have employed to meet the needs of communities is will be helpful today.

195
00:48:20.400 --> 00:48:48.210
Meg Sullivan: So first just start by talking about an important resource that, as for offers, which is the technical Resource Assistance Center and Information Exchange or Tracy, it's a healthcare emergency for pairingage information gateway that ensures all stakeholders have access to information and resources to improve preparedness, response, recovery and mitigation efforts. And as we've heard from our other speakers. We know that rural areas that are served by a variety of health care facilities and practitioners that face specific challenges

196
00:48:48.220 --> 00:49:07.440
Meg Sullivan: associate with workforce research sources, socioeconomic factors as well as public health issues that often compete with the ability to plan for and respond to natural and human caused events. And within. As for Tracy. There are many resources that are specific to or applicable to addressing the unique needs of rural health communities.

197
00:49:07.450 --> 00:49:20.259
Meg Sullivan: Today. I want to highlight one particular resource which is a rural health and Covid nineteen quick sheet that identifies challenge to specific challenges based by rural areas and healthcare facilities as well as potential mitigation strategies

198
00:49:20.270 --> 00:49:33.739
Meg Sullivan: just to briefly highlight a few of the strategies and challenges, challenges and strategies that are covered. The first is, as we have heard, rural health centers, we know, have limited financial resources, including operating on thin profit margins

199
00:49:34.000 --> 00:49:51.000
Meg Sullivan: as one example of a mitigation measure, at least in the short term, in order to help alleviate the financial burden in May of two thousand and twenty Hhs. Ah! Allocated ten million dollars in rural distribution to health aid health systems, But funding clearly needs to be a key consideration of strategies going forward.

200
00:49:51.600 --> 00:50:12.420
Meg Sullivan: Second, we know about limited human resources and hospitals and rural areas have less staff and staffing. Shortages occur due to Covid, nineteen or other stressors, and therefore it's incredibly important to work with other hospitals and cooling resources and relative proximity, or selecting a central facility for treatment of Covid, nineteen patients as a way to have some of the capacity issues,

201
00:50:12.500 --> 00:50:25.520
Meg Sullivan: I think. Just again, is one example of a mitigation strategy last year, Hhs announced. It will make funding available from the American rescue plan to train a range of health care workers to fill in demand professions affected by the pandemic,

202
00:50:25.530 --> 00:50:36.190
Meg Sullivan: and specifically create rural health networks, and to support rural hospitals, rural health, clinics, and community health centers, nursing homes and substance abuse providers

203
00:50:36.200 --> 00:50:45.650
Meg Sullivan: and as we enter a time of significant health care working shortages, we know that rural areas will be particularly hard hit, and we need to work to find additional effective solutions.

204
00:50:46.310 --> 00:51:03.789
Meg Sullivan: The third challenge is limited: Space equipment and location challenges, you know, healthcare facilities and rural areas have limited beds, equipment such as ventilators and personal protective equipment and other supplies needed to combat, whether Covid, nineteen or other Uh challenges

205
00:51:03.800 --> 00:51:24.649

Meg Sullivan: working through healthcare coalitions funded by Asler's hospital preparedness, program, which is the primary source of Federal funding for the health care system's, preparedness and response, or in partnership with other facilities, can help increase inventory. We know the strategic national stock file. The health regret, preparedness program and other health care running efforts must play an important role in,

206
00:51:26.090 --> 00:51:45.810
Meg Sullivan: and then finally talk to talk about telehealth which we know Senator Hyde Smith talked about and know that his long played and important role in the provision of health care services, and during the Covid, nineteen pandemic, it was able to play a much larger role in providing access to Covid. Nineteen related care, as well as allowing patients to continue to receive care for other medical conditions.

207
00:51:45.820 --> 00:51:54.579
Meg Sullivan: We also know there were specific. Our specific flexibility supported telehealth during this pandemic that have helped increase its role in impact,

208
00:51:54.950 --> 00:52:07.829
Meg Sullivan: and one specific example of the role telehealth is played is in our test to treat efforts which offers the ability to allow patients in any geographic location to remotely interact with the provider and receive oral antivirals through the mail to their home.

209
00:52:08.120 --> 00:52:17.639
Meg Sullivan: But again, as Senator Hyde-smith highlighted while telehealth is an important method to provide care particular in rural areas. It is also important to acknowledge its limitations,

210
00:52:17.700 --> 00:52:24.969
Meg Sullivan: and we know that many areas lack broadband Internet or wireless bandwidth to support video capabilities.

211
00:52:24.980 --> 00:52:42.870
Meg Sullivan: During the pandemic There have been many strategies employed to help address this, such as funding and temporary access to unused, wireless broadband spectrum by the Federal communications communications. But we also know that access to Internet and technology, literacy or comfort level remain significant challenges for many Americans,

212
00:52:42.880 --> 00:52:50.319
Meg Sullivan: and we must work not only to address these, but also recognize that telehealth is not a universal solution for health care access in rural areas.

213
00:52:51.580 --> 00:53:06.870
Meg Sullivan: So many other Federal agencies have employed specific strategies to address the challenges that rural communities have based. During this pandemic, including the Cdc. And the Cms. That I don't have time to highlight during my remarks today, but no have played an incredibly important role.

214
00:53:07.020 --> 00:53:16.669
Meg Sullivan: I will just end by saying that, as I've detailed in my remarks, rural communities say significant challenges with resources, unique considerations compared to their urban counterparts.

215
00:53:17.230 --> 00:53:31.229
Meg Sullivan: These challenges include workforce and other resource sortages, socio-economic factors that compound compound resident health risks, and higher comorbidities which makes them even more vulnerable to disproportionate impact from pandemics and other disasters,

216
00:53:31.240 --> 00:53:36.729
Meg Sullivan: and even during normal operations, rural communities often face greater resource challenges than their urban counterparts.

217
00:53:36.980 --> 00:53:42.579
Meg Sullivan: A relatively small incident in every urban area can be a large disaster or a small rural region.

218
00:53:42.630 --> 00:53:53.779
Meg Sullivan: Prevention, mitigation, and early identification are key steps to outbreak management, identifying these populations and working with public health officials. To put mitigation measures in place is critical,

219
00:53:53.790 --> 00:54:01.500
Meg Sullivan: and we also know that on the Federal level. Funding and authorities are key components of strategies to effectively prepare for and respond to future pandemic,

220
00:54:02.530 --> 00:54:18.989
Meg Sullivan: the stop to allow time for discussion and just end by saying that by I was able to highlight some strategies. As for in our Federal partners of employed, we also know there is so much more work that needs to be done, and this work will and must continue to be a priority for Asper for the Federal Government,

221

00:54:19.000 --> 00:54:23.090
all stakeholders for both our current response, efforts and future end.

222
00:54:23.100 --> 00:54:23.879
Thank you.

223
00:54:24.570 --> 00:54:38.089
Anita Cicero: Good. Thank you so much, mate. So, Kathy, if you're able to go on camera, we'll we'll dive right into the the Q. And A. This is a a lot of important material you all laid out.

224
00:54:38.100 --> 00:54:56.779
Anita Cicero: I think i'd like to start um just asking about a a recurrent theme, which is um the staffing shortages um for public health, for healthcare workers for Id docs and and i'm sure others um in rural communities. So um

225
00:54:56.790 --> 00:55:26.199
Anita Cicero: let's first talk about um leave telehealth aside for a moment. But what can the Federal Government do to help rural communities? And what could those rural communities, maybe do to like, enlist the support of more nontraditional partners like pharmacies schools faith-based organizations. Are we doing all we can can we support them to do more of that, especially during periods of time, and in an outbreak with our searches of cases, and and the system quickly gets overwhelmed.

226
00:55:26.440 --> 00:55:31.569
Anita Cicero: So i'd be happy for for any of the panelists who'd like to take that on,

227
00:55:32.790 --> 00:55:39.710
Carlos del Rio: you know. And you know. Let me just start by saying that I think one of the problems that we continue to face is that we live in A,

228
00:55:39.970 --> 00:55:43.389
Carlos del Rio: In A, in a State, by State system, right? And

229
00:55:43.400 --> 00:55:54.190
Carlos del Rio: the States compete against each other. They they cannibalize each other from them layers or pb for positions for nurses, and we continue to see this. And this is a major issue, because,

230
00:55:54.200 --> 00:56:09.889

Carlos del Rio: you know, we got nurses in Georgia who were going to higher-paying jobs in California, and then you know moving to other places. And I think this has continued to be an issue. So some sort of of of trying to prevent that. That That sort of cannibalization, I think, would be important.

231
00:56:09.900 --> 00:56:13.179
Carlos del Rio: The other thing is, we need to have a way to

232
00:56:13.760 --> 00:56:21.790
Carlos del Rio: to really incentivize people, to going to healthcare professionals. I think that I think the pandemic has burn out people in health care,

233
00:56:21.800 --> 00:56:44.370
Carlos del Rio: and where so many people tell me I see no end in sight. Now, there's Monkey Box and what's going to be next, and and we see no i'm insight that you know our hospitals are busier than ever, and we just have not had a break, and I think at some point in time. What i'm seeing is people just saying I'm going to retire it. Health care is no longer fun, so we need to bring. We need to bring back joy to the profession,

234
00:56:44.380 --> 00:57:00.590
Carlos del Rio: because at some point in time you cannot just do it, because, you know, at at the beginning of code. We all step up because the right thing to do. But after a while it's just. You can't continue doing that at some point in time. I cannot continue asking people to continue to volunteer, because there's yet another emergency to take care of,

235
00:57:00.600 --> 00:57:08.150
Carlos del Rio: and I think we need to really rethink how we respond to pandemics in such a way, you know you can only rely on people's goodwill for so long.

236
00:57:09.480 --> 00:57:36.500
Cathy Slemp: I would agree with Peloson, you know. I think the other thing is making sure. We more intentionally address the mental health needs of our healthcare for us during the disaster and early, and help our health care workers really uh and our public health partners, and know what to expect, tend to think that we could just run right in. They were going to be. You know we're solid. Other Other folks need those things. We don't need that. That's just not the case. Um, we need to take care of each other and ourselves, and have better ways to to build that

237
00:57:36.510 --> 00:57:56.089
Cathy Slemp: in terms of just numbers of workforce there were some creative things that happened at the State level. We did expand capacities and authorities to Ems to do certain things, other things that they were not to be doing every day and

238
00:57:56.100 --> 00:58:25.600
Cathy Slemp: um but I think and then Cdc. Was very creative, and has been over the last several years in finding other ways to hire and place folks in States. That's an exceedingly helpful thing because they can do that faster. Interestingly, um, and have a writer recruitment, ability um some times to to get them placed in States. And so that was very helpful. We often find in those situations and the challenges. Some of those are training programs, and they're actually great. And so the folks come to our

239
00:58:25.610 --> 00:58:55.600
Cathy Slemp: um, our State. They work here, they find they love it. But the the differential between the Federal salary and the State salary is so high that they they can't transition into a state position without twenty thousand little pay cuts um, or something along those lines. And so I think we need to figure out, How do we better equalize those those salary um discrepancies so that folks really can, when they get that experience in a rural area, And it's a great experience. They say we love this here. We love what we do.

240
00:58:55.610 --> 00:59:21.429
Cathy Slemp: We really are passionate about it. We love our partners, our colleagues here, but I've got a feed my family, so I think we've got to be on how to raise salaries and make them more comparable to some of the of the Federal placements that we've had. But again, I think they've been really helpful in terms of surge to get people placed fast. I also think states that States need to work on

241
00:59:21.440 --> 00:59:42.510
Cathy Slemp: finding ways that they can hire faster, recruit better, and have temporary positions that are not ongoing forever. But that can really have that flexibility, because their states are very hesitant to hire on short-term grant funds, especially emergency funds,

242
00:59:42.660 --> 00:59:49.300
Cathy Slemp: because they they can't sustain that longer term so that brings us back to the stable funding long-term.

243
00:59:49.310 --> 00:59:56.450
Anita Cicero: Okay, thank you so much. And maybe we'll we'll swing over then to telehealth and other things that

244
00:59:56.460 --> 01:00:26.169
Anita Cicero: you know broadband and fiveg and rural communities can help us to achieve. And uh, one of the audience members that commented that in the nineteen twenties the Us. Government did a lot to sort of nationalize like access to electricity. At that time. It's really

changed so many things for for families and communities and and some rural communities and um, and we we have. I think that is one of the notable things that we we've seen during the pandemic an increase in tele health

245
01:00:26.180 --> 01:00:45.200
Anita Cicero: um services. But what does need to be done now? Going forward to sort of ensure that, you know, to keep up the the pace of progress there, don't just abandon it, and and to be able to better utilize telehealth and and maybe other. You know remote medical services that can come from that.

246
01:00:45.570 --> 01:00:51.129
Anita Cicero: I don't know, Meg, if you want to to give your thoughts, and then others can jump in as well.

247
01:00:51.140 --> 01:01:20.920
Meg Sullivan: Yeah, I think i'm happy to start. I think that there's two different aspects of it. So the first is patient access, right? So I think we talked about challenges both around broadband access, or you know, Internet with high speed Internet and the capacity there, but also just around the individuals not feeling as technology savvy to be able to access it. So I think a lot of investments are really savvy there and then, I think the second, the other side is kind of the provider delivery. So we talked about flexibility,

248
01:01:20.930 --> 01:01:35.519
Meg Sullivan: or during this pandemic that are about reimbursement, about what types of visits are required, and how that can occur. And I think for both of those we need to streamline and make better in order to respect the point.

249
01:01:36.580 --> 01:01:51.690
Carlos del Rio: Okay, Great and um, we have time for another question or two. One of the nowadays. I think, if we learn something during the pandemic, one of many lessons

250
01:01:51.700 --> 01:01:57.690
Carlos del Rio: broadband should not be a luxury it needs to be. It's almost like electricity. It's something we all need to have it

251
01:01:57.700 --> 01:02:09.789
Carlos del Rio: hearing, you know, Catholic talk about having to have, you know, school buses and work as hotspots, because people can upload their so, for a lot of people tele health is simply not possible, because they don't have access to to broadband.

252
01:02:09.800 --> 01:02:17.730
Carlos del Rio: But the other issue, I can tell you, working on an inner city hospital here in Atlanta for many of our patients. They also Don't have the data.

253
01:02:17.740 --> 01:02:47.330
Carlos del Rio: They're passing their phone for a lot of the telecoms, so they can do a visit to the telephone, but not a true telecommunication, and and I think that's the other thing right. We need to. We need to figure out a system that allows people to to be able to have. You know, when we what most of us have in our phone, which is the ability of video conferencing and other things that really give you that access that you need for a lot of our of my for patients That was not an option, and and to say, Well, welcome to the conductor. This is

254
01:02:47.340 --> 01:03:12.809
Carlos del Rio: only my phone is simply not enough. You can provide care just by having a home home with somebody. So I do think that we have a lot of infrastructure to be developed, and a lot of I think it becomes to me. Public health is also on issue of equity and social justice, and we need to be sure that we don't. We don't. Let tennis help again become a way in which we provide care for those that have and and and lack access to care for those that cannot have it.

255
01:03:13.590 --> 01:03:43.570
Cathy Slemp: Anita, you know. I also want to add, and I think it's something that one of our audiences members have brought up, you know. But I think Carlos also has mentioned that the phone only option. That's a helpful thing. Um, in many settings. Um! But we also we can link people more fully with local folks. So one of our audience members what up the issue of community health workers They are so critical, so we really can and should be building out a a workforce of creating health workers. They they truly do build, trust, and they are on the ground. And so

256
01:03:43.580 --> 01:04:06.269
Cathy Slemp: so, if we can do the the phone and only telehealth visit, but link them with a follow up with that community health worker. Um help that community health worker kind of. They see the bigger picture. They know what those, what's happening in the home. They link to other issues that really are the underlying cause of those health problems. I think I think that can expand. Um. It's not just, but that we bring the the

257
01:04:06.280 --> 01:04:15.870
Cathy Slemp: to connect the provider in the urban area with the patient in the community. But we have a local presence that really can be helpful and facilitate that.

258
01:04:16.500 --> 01:04:46.319

Anita Cicero: Great thanks, Kathy. I'm. I'm glad you picked that out of the Q. A. Because I was going to ask that next, and now it's much more efficient and um important to be efficient, because we find ourselves again at the end of our quick hour. Um! I just want to really thank you, uh, for for joining us today and for offering um such, you know, substantive and thoughtful remarks. Um! Many actionable items I know for um Congressional staffers as well as others. So thank you very much for joining uh,

259
01:04:46.330 --> 01:04:56.040
Anita Cicero: and that is a rap for today. Our Capitol Hill Steering Committee will next return in November, and we look forward to to seeing you all. Then. Thanks so much for joining.

260
01:04:56.820 --> 01:04:58.459
Cathy Slemp: I think so,