



Philanthropy Network COVID 3/31/2021

PHFC: Who We Are

- 13 years old
- Non-partisan
- 40+ health foundations (many hospital conversion)
- Purpose is to network and learn from each other and to advance efforts to enhance vulnerable populations' access to high-quality, cost-effective health services.

The COVID-19 Challenge: PHFC Activities

- At the beginning no one could anticipate the devastating impact this virus would cause.
- We first became aware of the existence with report of deaths in Washington state nursing facilities.
- As COVID appeared in PA, we began to become alarmed with reports of deaths in LTC facilities.

Testing Policies for Staff & Residents

- PA had very few testing resources, so DOH followed CDC guidance to only test people with clear COVID symptoms.
- The Problem: Almost 50% of those infected were asymptomatic.
- Problem for LTC facilities is that lower income staff more likely to be exposed because of living situations and use of public transportation & because young may be asymptomatic. Also often not paid if they felt ill, so they came to work.
- LTC residents have multiple conditions, are older & most vulnerable to infection. It was a petri dish for Covid transmission

Monitored LTC Data, Nagged & Advocated Change

- Deaths in LTC facilities took off in April and May and represented far more than half the deaths despite being only 5% of the population. DOH refused to change the testing policy.
- PHFC advocated for testing of all staff and residents, testing of patients discharged from hospitals before admission to LTC.
- Advocated for SWAT teams of hospital staff to provide PPE, gloves, testing and help LTC with infection control.
- We nagged Alison Beam in the Governor's Office daily with death counts, what other states were doing & finally on May 11th we advised her that the Trump Administration recommended testing of all LTC staff & residents.
- By that point we had an 8-day total of 1025 deaths. 70% deaths in Del Co.

What did the testing show?

- As of March 23rd, according to DOH data by facility 21,536 LTC staff tested positive for COVID, with 131 reporting no data for which no action by DOH for not reporting.
- In the summary data DOH reports 14,231 staff positive.
- 69,224 residents tested positive and 12,912 died according to DOH summary data.
- LTC deaths to date are 52% of the total deaths in the state despite being such a small part of the population.

Status Now

- PA eventually tested all staff and residents, prioritizing LTC and recognizing that everyone needed to be tested in this petri dish given the high asymptomatic rates.
- Nursing homes test people prior to discharge
- Large hospital systems were paid to help LTC with PPE, training, testing and infection control.
- Most importantly federal program offered vaccines to all residents and staff. Worry is staff take up, only visit 3 times, no new resident testing.
- Infection and death rates have dramatically decreased. Lesson to all of us, if the vaccine is dramatically reducing deaths with this vulnerable population, we all need it.

Contact Tracing

- Finally doing testing of Pennsylvanians but results were coming back 1-2 weeks later and were worthless.
- Lesson: Pennsylvania's commercial and public health testing is totally inadequate to protect us in a pandemic.
- If have timely results back need the infected person to quarantine and cooperate about who they have been near enough to infect. Have no good process for this.
- Then need sufficient number of trained contact tracers to reach those potentially infected. Have no good process for this.
- Tried to demonstrate to the Administration that they had inadequate numbers & that regional call center tracers were not optimum.
- Then the surge & no one was contact tracing was impossible.

PHFC's Present Priority: Implement a modern state and regional public health infrastructure!

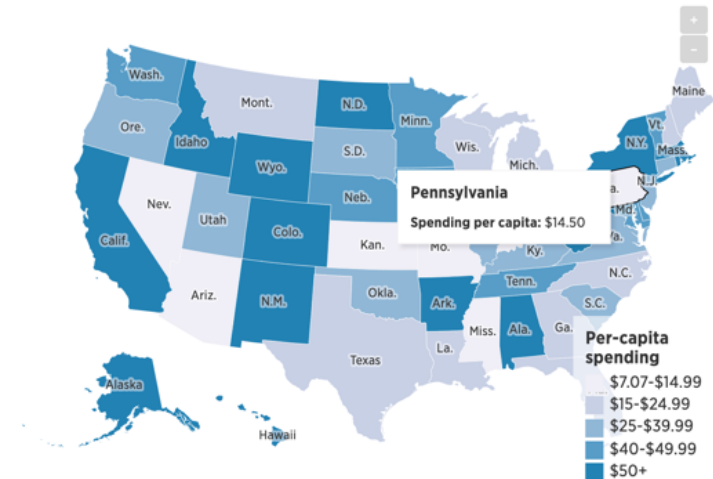
- Public health should be able to contain contagious disease. We have over 1 million people infected. This virus is not behind us and we will have future potential pandemics.
- Public health should help avoid death from communicable disease. 25,015 people have died in PA so far & we are not screaming for change.
- The American Rescue Act is a once in a lifetime infusion of funds that would allow us to address COVID and dramatically improve our state and local public health infrastructures so it works.
- Taiwan has about 2 times the population as PA. They have had 8 deaths because they have effective public health system requiring and supporting quarantine.

Our present public health infrastructure puts us, our economy and our educational system at risk.

- 1 underfunded state dept.
- 10 local—2 big.
- 57 counties without disease and prevention help.
- 44th lowest state funding in the US-\$14.50 vs \$50+
- Please join PHFC in this effort.

Pa. spends among the least on public health

Pennsylvania ranked 44th in the amount spent per person for public health in the nation in 2018. This only accounts for state spending, not any additional funds used by the 10 local health departments in the commonwealth. Still, Tennessee has a similar public health system and spends more than three times as much.



NOTE: Figures represent fiscal year state funding per capita on public health. Ranking includes 50 states and Washington, D.C.

Map: DYLAN PURCELL / Staff • Source: [State Health Access Data Assistance Center](#)