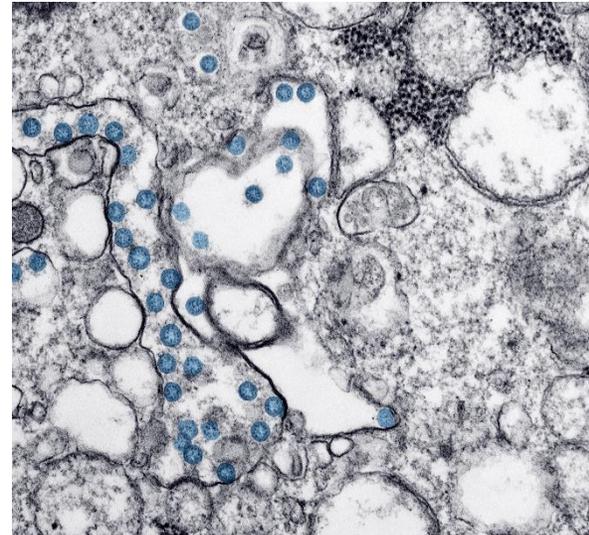
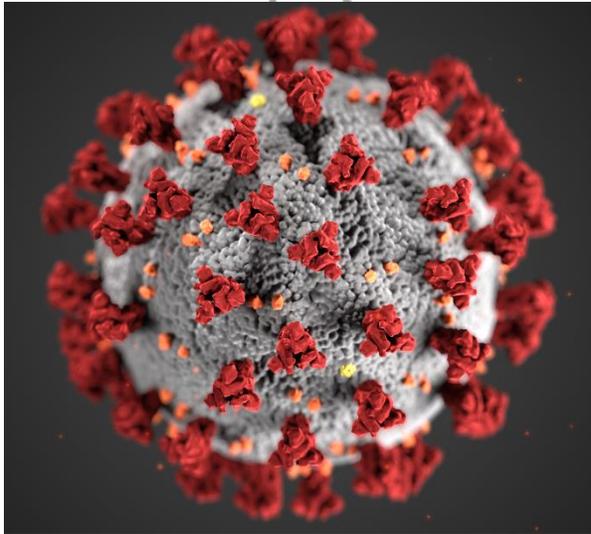


# Prince George's County COVID-19 Update



November 8, 2021

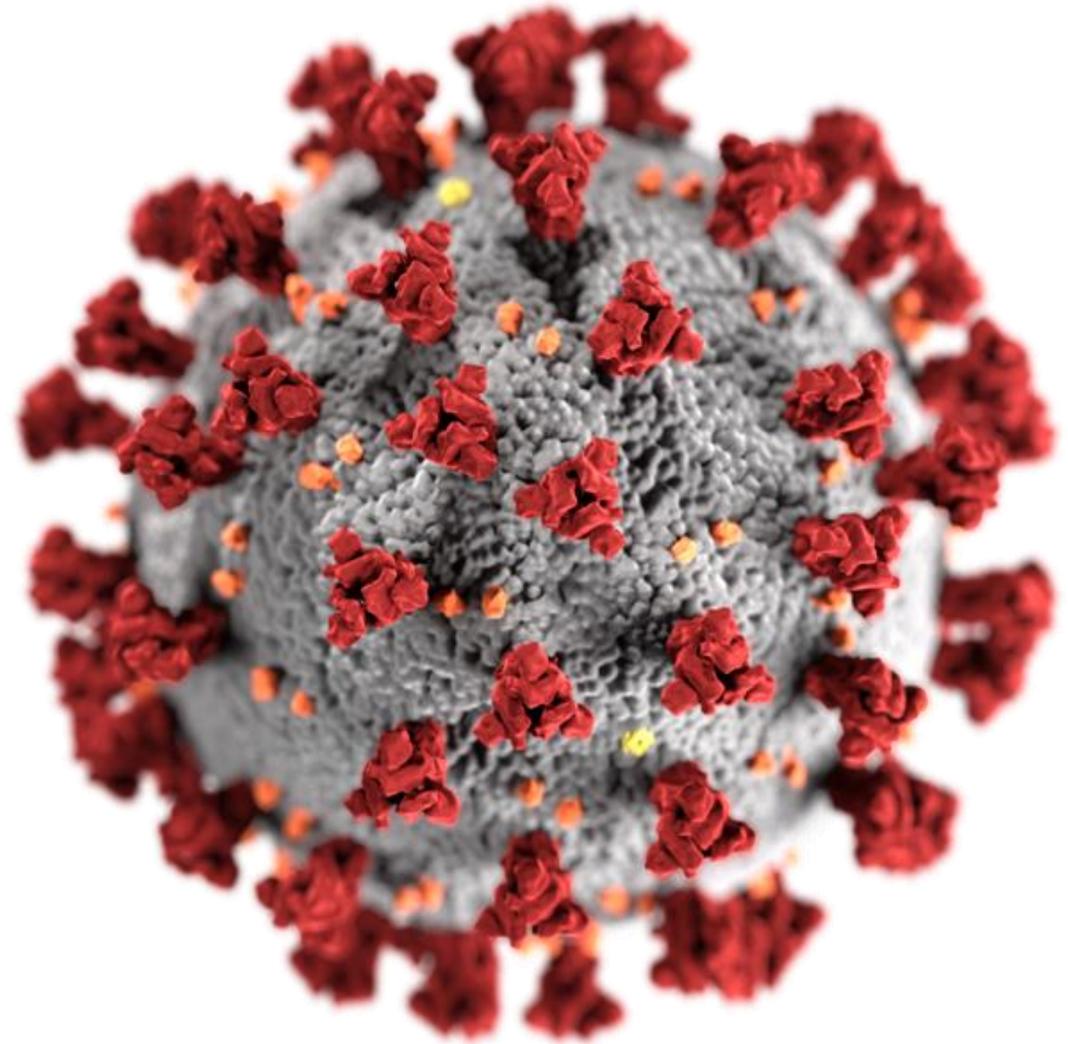
Data is updated daily and subject to change. For the latest information please visit our [COVID-19 Dashboard](#).

# Impact of Covid-19 Pandemic on Prince George's Residents

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# Physical Health

- Nearly **100,000 cases** (99,973 as of Nov. 5th).
- **More than 9,800 COVID-19** hospitalizations
- And tragically, as of Friday, **1,669 Prince Georgians** have died.



# Long-term Physical Effects

- Patients report persistent:
  - ✓ fatigue
  - ✓ trouble sleeping
  - ✓ coughing
  - ✓ chest or stomach pain
  - ✓ difficulty breathing
  - ✓ heart palpitations
  - ✓ dizziness
  - ✓ rash
  - ✓ mood changes and more.



# Behavioral Health

- The pandemic's emotional toll will be long-lasting and may **never be appropriately quantified.**
- So many affected by the pain of COVID
- The stress and anxiety of living through a pandemic is **real and traumatizing.**



# Behavioral Health Stressors

- High percentage of essential and frontline workers.
- Relationships have been tested as family.
- Converging stressors have led to substance use in some instances.
- Drug- and alcohol-related deaths:
  - 149 in 2019
  - 203 in 2020--a 36% increase.
- Opioid-related deaths occurring in the County went from 102 in 2019 to 159 in 2020--a 56% increase.

# Residents at Risk of Negative Health Outcomes

- **Age is a risk factor** for severe COVID illness: the older you are, the higher your risk of becoming very sick or dying.
- CDC data show **more than 81%** of COVID-19 deaths occur in people over age 65.
- The number of deaths among people over age 65 is **80 times** higher than the number of deaths among people aged 18-29.



# Higher Risk

- Prince George's County has one of the state's oldest populations.
- Underlying medical conditions increase risk of severe COVID illness
- The CDC identified medical conditions that increase the likelihood of getting very sick from COVID-19.
- Prince George's County residents suffer from many of these conditions-- chronic kidney disease , diabetes, heart conditions and stroke--and at higher rates compared to the rest of the state.

# Higher Risk Conditions

- Chronic kidney disease
- Diabetes
- Heart disease & Stroke
- Overweight and Obesity
- HIV
- Health Inequities



# COVID-19 Pandemic Key Functions & Services

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# Services Directly Provided

- COVID-19 testing, contact tracing, vaccinations
- Public messaging
- COVID health and safety guidance,
- Inspections for COVID safety and health compliance
- Data gathering and analysis
- Care coordination to vulnerable residents with COVID via the COVID Cares Project.

# COVID-19 Pandemic Operational Impact: Coping, Responses, Challenges

- Enormous strain on Health Department operational infrastructure.
- Coped with additional demands-- staff worked longer and harder.
- We have brought on temporary contract staff to supplement our existing workforce.

# Staff Burnout

- Burnout has contributed to and exacerbated staffing shortages.
- As a result, many employees have chosen to retire early or resign. These staff shortages result in additional strains on remaining staff.
- **Big challenge:** build up workforce and retain existing staff.



# Impacts Non-COVID-Related Operations: Resources, Staff and Objectives

- Pandemic demands → reallocation of existing staff resources.
- Example: Environment Health staff normally inspects restaurants, etc. → performed COVID-19 compliance investigations.
- 12,000+ inspections as part of County COVID-19 Compliance Program



# Impacts Non-COVID-Related Operations cont.

- Restaurant inspections suffered



- Difficulty meeting performance requirements for grants

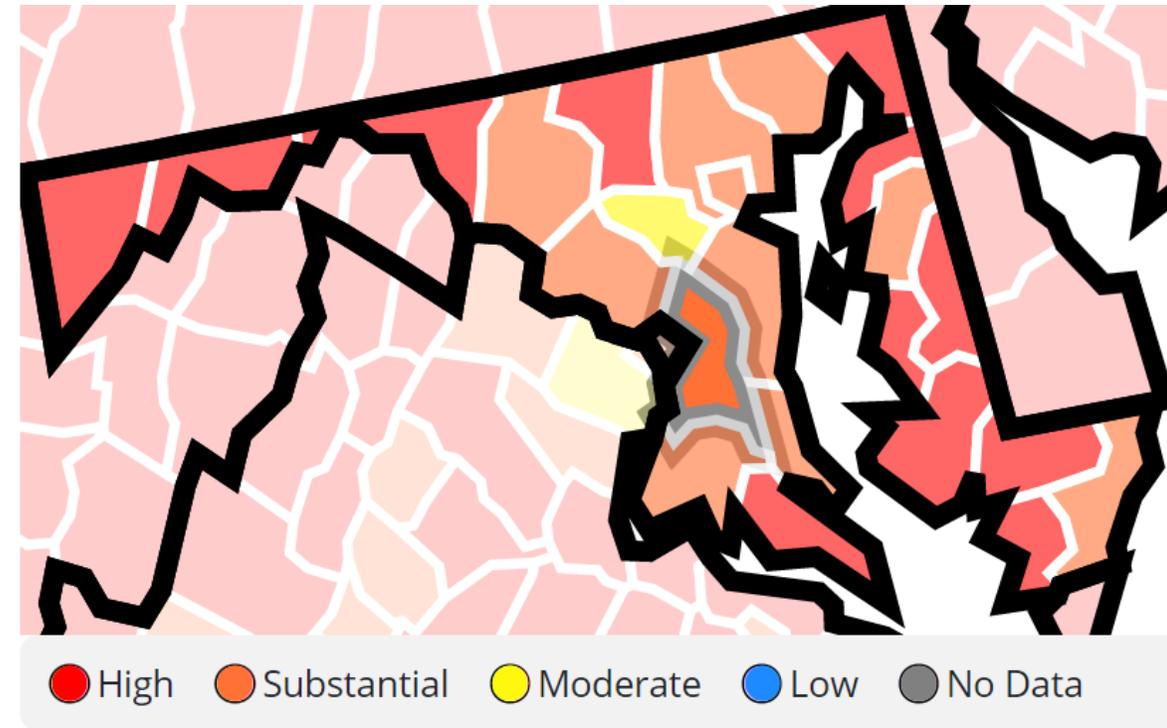
# COVID -19 Status Report

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# CDC Community Transmission Report

The CDC has designated metrics for monitoring community transmission level across the country. **In Maryland, Prince George's is among the 12 jurisdictions in Maryland currently reported as having "moderate or substantial" community transmission** with the remainder reported with "high" transmission. **In the U.S., Prince George's is among only 27% of counties below "high" transmission.**

	Prince George's County 10/25-10/31*	CDC Transmission Level
New Cases per 100,000 persons in the past seven days (cumulative)	54.0	Substantial (50.00-99.99)
Percentage of positive tests in the past seven days	2.4%	Low (<5.00)



\* County data reported as of 11/4/21: <https://covid.cdc.gov/covid-data-tracker>; [CDC transmission levels](#)

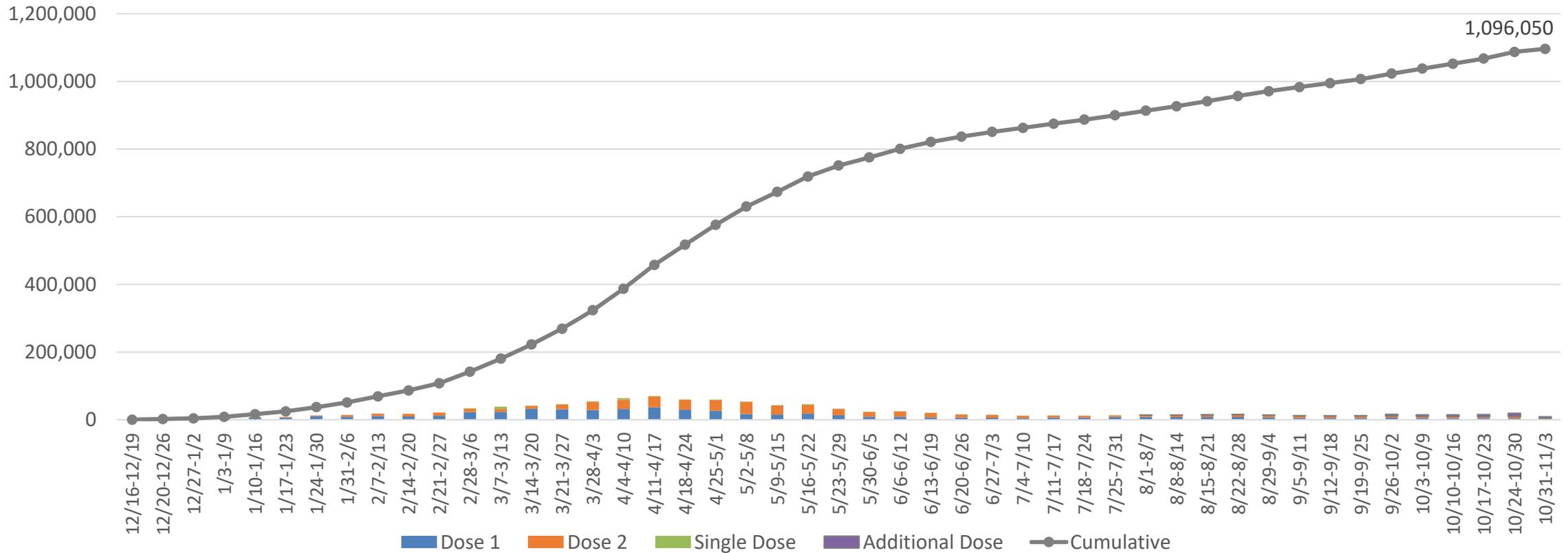
# Key Metrics

Risk Level and Reopening Phase	Percent of Positive Tests	Infection Rate	Average Daily Case Rate per 100,000 population	Available Hospital Capacity
Low (Phase 3)	0-3%	<0.9	1-5	>49.9%
Medium (Phase 2)	3.1%-5%	0.9-1.10	5-10	40-49.9%
High (Phase 1)	5.1%-10%	1.10-1.39	10-25	30-39.9%
Critical (Closed)	>10%	>1.39	>25	<30%
<b>10/31/21</b>	<b>2.4%</b>	<b>0.89</b> (on 10/27)	<b>7.7</b>	<b>48.1%</b> (on 11/2)

Data as of 11/4/21

# Vaccinations by Date Received for Residents

Approximately 1.1 million vaccinations have been provided to over 602,800 residents by Maryland and D.C. providers. In Maryland, 569,259 residents have received a first or single dose (482,714 have received a second), and an additional 33,548 residents have received a vaccination from providers in D.C. Overall 77.8% of county residents ages 12 and over have received at least one vaccine from Maryland and D.C. providers.



Data as of 11/3/21



# Testing, Vaccination and Booster Update

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# COVID-19 Testing and Vaccination Updates

- **Testing**
  - County employees who are not fully vaccinated are required to undergo weekly COVID testing.
  - The Health Department will also soon resume providing testing services to the general public.
- **Vaccination**
  - The Health Department began administering the Pfizer COVID-19 vaccine to children ages 5 to 11 years on Friday, November 5.
  - Between Oct 15 and Nov 1, the Health Department administered 1,301 Booster/3rd doses of Pfizer, Moderna, and Johnson & Johnson vaccines.

# Update on Staffing

FY 2022 Authorized and Actual Staffing Levels									
	Full-Time			Part-Time			Limited Term		
	Authorized	Filled Positions	Vacancies	Authorized	Filled Positions	Vacancies	Authorized	Filled Positions	Vacancies
General Fund	227	179	48	1	1	0	0	0	0
Grant Funds	183	151	32	3	2	1	142	84	58
Total	410	330	80	4	3	1	142	84	58
YTD as of:									

# Temporary Employees

- The pandemic demanded a massive investment in personnel resources. Staffing were filled with temporary employees.
- Department employs 80 temporary employees, 55 are COVID-19 related and the remaining 25 primarily support non-COVID activities.
- By outsourcing certain crucial COVID-19 operations to contractors –the Department has indirectly employed several hundred temporary staff



# General Fund Staffing and Telework

- Working with OHRM to strategically recruit for all positions
- Less than 10% worked remotely pre-COVID. Now? ~55%
- Employees and managers continue to be creative, strategic ways for alternate work arrangements, including extended days.



# Staffing Concerns and Impact

- The key staffing challenges:
  - filling critical grant positions
  - extensive recruitment and approval process.
  - applicants seeking stability, robust benefits and competitive salaries.
- Such a large complement of LTGF position poses many difficulties.
- Offering competitive salaries – for all position types - also remains a challenge.

# Staffing Challenges

- Temporary staff capabilities and access are limited
- Vacancies significantly impact operations and
- The major concern is the potential for disruption in services and/or not having the workforce to provide residents high-quality services



# Attrition

Attrition Comparison								
Reasons	FY 2019 Actual		FY 2020 Actual		FY 2021 ACTUAL		FY 2022 YTD	
	General Fund	Grant Funded	General Fund	Grant Funded	General Fund	Grant Funded	General Fund	Grant Funded
Resignations	25	18	16	17	3	8	8	3
Regular Retirement	9	0	2	2	5	4	3	2
Disability Retirement	1	0	0	0	0	0	0	0
Termination	1	0	1	0	1	1	0	1
Other								
<b>TOTAL</b>	<b>36</b>	<b>18</b>	<b>19</b>	<b>19</b>	<b>5</b>	<b>8</b>	<b>11</b>	<b>6</b>

# Update on Foundational Infrastructure

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# Improving Foundational Infrastructure

- Over the last year, the Health Department has strategically focused on building the foundational infrastructure that will allow us to more efficiently execute our mission. Activities include:
  - Recruited a Deputy/Chief Operating Officer
  - Established several key central support positions
  - Developing a standard indirect cost rate
  - Developing tracking and data visualization tools
  - Developing a comprehensive plan to improve staffing levels, streamline administrative business processes, and increase resource stability

# Update on Information Technology Infrastructure

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# Public Health Information Network (PHIN)

- Reinstated the Public Health Information Network (PHIN), a public health information-sharing platform.
- Went live Jan. 1, 2021
- Served as information-sharing platform for:
  - COVID Testing and Vaccinations
  - COVID Cares Project (services for vulnerable populations)
  - CRISP (the State's health information exchange)

# EPIC Electronic Medical Record Rollout.

- Launched EPIC, a new electronic medical record (EMR) and practice management system for individuals who receive health care services from the department and for department providers.
- The new system consolidates 3 separate, legacy electronic medical records into a single system.
- EPIC allows the department to better prepare for future public health crises, improve workflow efficiency, and improve our ability to provide quality and timely care.
- MyChart allows clients to access their personal health information quickly and securely as well as communicate with members of their Health Department care team to help track and take charge of their health.

# Development of the Prevention Link Population Health Management Platform

- Prevention Link platform for disease prevention and population health management
- Links evidence-based prevention programs coordinated with providers and care teams.
  - Diabetes Prevention and Management,
  - Cardiac Rehab Referral,
  - Medication Therapy Management,
  - Renal Disease Screening and Referral,
  - Hypertension Prevention and Management



# IT Audit and Strategy

- The Health Department maintains at least 60 disparate IT tools and applications to manage operations in several functional areas.
- Some tools overlap – need to optimize and improve this infrastructure
- Develop a formal strategy to guide our IT effort's growth and focus for 3-5 years. A key focus is (1) further developing our Public Health Population Health Management Network, which will allow the Department to facilitate patient care at the population level and (2) developing more formal and effective IT governance structures, policies, and procedures.

# FY 2021 and FY 2022 Approved General Fund and Grant Funds

Fund	FY 2020 Actual	FY 2021 Approved	FY 2021 Actual	% Change - Est vs App	FY 2022 Approved	\$ Change, Prop vs App	% Change
General Fund	\$ 26,366,900	\$ 28,798,300		-100.0%	\$ 30,142,500	\$ 1,344,200	4.7%
Grants	32,347,430	70,471,100		-100.0%	58,177,500	(12,293,600)	-17.4%
<b>Total</b>	<b>\$ 58,714,330</b>	<b>\$ 99,269,400</b>	<b>\$ -</b>	<b>-100.0%</b>	<b>\$ 88,320,000</b>	<b>\$ (10,949,400)</b>	<b>-11.0%</b>

# Overall General Fund Changes as follows:

4.7% increase from FY21 to FY22 is due to the following:

- 10 Merit new positions - \$760.1k
- Interoffice automation - \$101.9k
- Net Comp/Fringe changes from attrition and vacancies - \$1.038m
- Net Staff Special Pay - \$25.9k
- Net operating costs decrease - \$521k

## Grant Changes as follows:

Net decrease of -17.4% is due to the following:

- The review is being made against full-year FY21 vs. FY22 for only 4 months. This does not reflect the projected full year for FY22. Overall, the grants projected to date is an evolving number, based on the current amendments and/or emerging changes, which OMB may not have yet, due to the timing.
- From the overall projected HD grants submitted to OMB to date, many of which are yet to be appropriated, the FY22 projected budget is \$78,152,261.00 – a net increase of 10% from FY21.

# Questions?

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