



The COVID-19 Pandemic's Impact on Health Departments

OVERVIEW

The COVID-19 pandemic has placed a significant burden on the public health systems across America. As a result, state and local health departments are facing amplified demands on resources and organizational capacity.

In May 2020, NASTAD conducted a request for information (RFI) from its members to learn more about the impact COVID-19 was having on their programs. [Results from that RFI can be found here](#). In August 2020, NASTAD conducted a second RFI from HIV prevention programs (37 health departments responded), hepatitis programs (35 health departments responded) and Ryan White HIV/AIDS Program (RWHAP) AIDS Drug Assistance Programs (ADAP)/Part B Programs (45 health departments responded) to detail the impact of COVID-19 on HIV and hepatitis programs. Themes based on the most recent RFI are included below.

ADMINISTRATIVE BURDEN

Across HIV care and treatment, HIV prevention, and hepatitis, the overwhelming majority of respondents continue to indicate that grant administration and reporting flexibility – including extended timelines and streamlined reporting requirements – are necessary from federal partners given additional burdens on programs and reduction in HIV and hepatitis health department staff because of COVID-19 detailing. Across all three programs, health department detailing was the single greatest challenge reported.

The need for this type of administrative flexibility was most pronounced when respondents were asked about Ending the HIV Epidemic initiative activities. As the strain on health department capacity increases, it is critical that Ending the HIV Epidemic activities continue, but with increased flexibility and lessened grant administrative requirements. Nearly 80% of Ending the HIV Epidemic Jurisdiction respondents said that to properly engage with people living with or at risk of HIV and ensure community engagement, extended timelines are needed.

HIV PREVENTION

The COVID-19 pandemic has stretched the nation's public health system to the brink of its capacity. The detailing of staff is a particularly acute problem for HIV prevention programs, with more than 90% of jurisdictions reporting staff being detailed to the COVID-19 response (this is a considerable increase from responses to the RFI fielded in April). Staff detailing directly impacts health departments' ability to implement and scale up successful HIV prevention programs. As contact tracing for COVID-19 is implemented on a large-scale, it is critical that health departments maintain the capacity to address other infectious diseases. Due to social distancing and stay at home orders, HIV prevention programs have a decreased ability to continue outreach and prevention services, with an uptick in programs reporting challenges in continuing to provide services from May to August. Many programs have shifted to at-home testing programs and are seeking innovative ways to do outreach for prevention programs.

HIV programs cited a need for more funding, particularly for harm reduction services. HIV Prevention program expertise must be leveraged in order to increase access to COVID-19 testing. Despite this increased need, only three HIV prevention programs reported receiving COVID-19 funding via the Epidemiology and Laboratory Capacity (ELC) cooperative agreement.

HEPATITIS

The COVID-19 pandemic has exacerbated the need for immediate, ongoing and long-term investments in public health. Hepatitis programs, which have historically been understaffed and underfunded, are seriously impacted by this chronic underfunding, with over 76% of jurisdictions reporting that staff have been detailed to the COVID-19 response. In addition, health department staff have been subject to state government furloughs and hiring freezes, which will have a long-term impact on the public health infrastructure and the hepatitis response. Similar to HIV prevention responses, only four hepatitis programs reported receiving COVID-19 ELC funding, mostly used for COVID-19 contract tracing.

Viral hepatitis programs provide critical prevention services such as outreach and education, testing and linkage to care or cure, and case investigation. Approximately 77% of jurisdictions report a reduction in these services during the COVID-19 pandemic. Hepatitis programs also report that the reduced capacity of community-based organizations and clinical programs is impacting access to services and hepatitis testing.

Viral hepatitis programs cited more funding across prevention, surveillance, and harm reduction as their greatest need from the federal government. This investment is needed in order to achieve to prevent new hepatitis infections, address hepatitis outbreaks, link people living with hepatitis to care or a cure and end the hepatitis epidemics.

RYAN WHITE PROGRAM

Like their HIV prevention and hepatitis counterparts, the majority of RWHAP Part B/ADAPs reported that detailing of health department staff to COVID-19 response has been a significant challenge. Nearly 70% of RWHAP respondents indicated that health department detailing was a challenge, which is a significant increase from the May RFI. Despite these challenges, the RWHAP has quickly innovated to provide services in accordance within social distancing recommendations, including investing in telehealth and provider capacity to alter service delivery procedures. This has been enabled - in part - through availability of targeted funds to RWHAP grantees through the federal CARES Act. Over 40% of RWHAP Part B/ADAP respondents are using their CARES Act funding to invest in innovation at the provider level. Nearly all jurisdictions have streamlined eligibility and recertification processes in order to allow for services to go uninterrupted during this time. However, 35% of jurisdictions reported that the CARES Act funding was not sufficient to address client needs, indicating additional federal funding will be needed.

The COVID-19 economic downturn will have a long term impact on RWHAP client needs and RWHAP ADAP/Part B budgets. The vast majority of RWHAP ADAP/Part B Programs have invested their CARES Act COVID-19 funding in emergency financial assistance for housing and food to address emerging economic needs of clients. A majority of respondents also reported anticipating increased burden to the RWHAP as people lose their health insurance and income due to the economic downturn. Three programs have already implemented cost containment measures and 15% of

jurisdictions anticipate implementing further measures in the next six months. The RWHAP is funded through federal, state, and local governments. Thirty percent of ADAPS receive funding from state general revenue funds. With anticipated shortfalls in state budgets, three programs have already seen state budget cuts and eight more programs are awaiting decisions.

HIV and hepatitis programs are funded through federal, state and local governments. State and local appropriations complement federal funding streams and are critical to the success of HIV and hepatitis programs. 40% of hepatitis programs, almost 60% of HIV prevention programs, and approximately 30% of AIDS Drug Assistance Programs receive funding from state general revenue funds.

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