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ISSN: 0025-7079/22/6008-0596

596 | www.lww-medicalcare.com Medical Care • Volume 60, Number 8, August 2022

All Public Health is Local

Lessons From Eagle County During the First 2 Years of the Coronavirus Disease-2019 Pandemic

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Background: During the coronavirus disease-2019 (COVID-19) pandemic cumulative United States COVID-19 deaths per capita were higher than all other large, high-income nations, but with substantial variation across the country.

Objective: The aim was to detail the public health response during the pandemic in Eagle County, Colorado.

Research Design and Measures: Observational study using pre-COVID-19 county public health metrics. Pandemic actions were recorded from a narrative summary of daily phone consultations by a county-wide taskforce and interviews. Outcomes obtained from local, state, and nationally reported databases.

Methods: Eagle County began with a life expectancy of 85.9, low all-cause age-adjusted death rates equal for both White and Latinx populations, a high household median income, and other pre-pandemic advantages. It also launched an innovative, independent county-wide taskforce lead by experienced mid-level managers. The taskforce implemented rapid communication of decision consequences, made immediate course corrections without traditional organizational approvals or contradictory political pressures.

Results: Eagle County was first in Colorado to obtain Personal Protective Equipment and to establish a drive-through testing facility. The COVID-19 case fatality rate was 0.34%. The sole intensive care unit never reached maximum capacity. By March 2022, Eagle County had administered at least 1 vaccine dose to 100% of the population and 83% were fully vaccinated.

Conclusions: It is not possible to directly attribute superior outcomes to either the baseline characteristics of Eagle County or its innovative taskforce design and deployment. Rather this report highlights the potential impact that improving the baseline health status of US citizens and permitting novel problem-solving approaches by local public health officials might have for the next pandemic.

Key Words: public health response, public health co-ordination, public health performance, public health politics, public health leadership

(Adv Med Care 2022;60: 596–601)
ANALYTICAL METHODS

This observational study used existing public data and interviews with key taskforce participants. Review from an Institutional Review Committee was not conducted. Pre-COVID-19 county public health metrics were obtained from a 2019 Eagle County Community Health Needs Assessment Report. Specific responses to the COVID-19 pandemic came from a dynamic narrative summary maintained by the taskforce Incident Commander, who made available logs kept from twice-daily phone consultations with taskforce members consisting of public health, medical, and emergency providers. One of the authors not involved in the response (W.A.K.) conducted interviews with key taskforce leaders. Questions were designed to elicit a detailed description of communication methods and actions initiated. All responses confirmed by at least 2 of the taskforce members. Performance metrics and outcomes came from aggregated data encompassing Eagle County’s Public Health Department, the Vail Health System, Colorado Mountain Medical, and other taskforce agencies (Table 1). Colorado State data came from the Colorado Department of Public Health and Environment. Comparisons made with published United States COVID-19 case-fatality rates and other performance measures. Eagle County’s performance contrasted with all other US counties using the Johns Hopkins COVID-19 dashboard and the US Census.

COUNTY-WIDE INTERVENTION METHODS

Eagle County launched an early, sustained response characterized by the following 4 major problem-solving approaches:

Early Preparation, Including Creation of County-wide Taskforce of Experienced Mid-level Managers

COVID-19 was first diagnosed in Eagle County on March 6, 2020. Anticipating its arrival, in mid-January 2020 (well before vendors became overwhelmed by demand), Vail Medical Center had ordered Personal Protective Equipment.

On January 31, 2020, Vail Health and Eagle County Public Health Department issued a joint announcement preparing the community for COVID-19.

By mid-February 2020, a 40-person county-wide taskforce was assembled; this “team of teams” included individuals from agencies listed in Table 1. Many participants had worked together in response to Eagle County’s first major disaster, the 2018 Lake Christine Fire. The taskforce Incident Commander, an epidemiologist employed by Vail Health, had previously served as the County’s Public Health Director during the Lake Christine Fire. This shared institutional knowledge enabled close collegial relationships and open communications.

A clear division of responsibilities was assigned to specific taskforce members and their organizations. For example, all COVID-19 testing was assigned to Vail Health and the Colorado Mountain Medical physician group. Eagle County’s Public Health Department was responsible for issuing community public health orders regarding social distancing and other community safety measures. Vail Health and Eagle County Public Health jointly participated in, and closely coordinated, vaccine roll-out efforts.

Rapid Communication of Consequences of Decisions and Rapid Course Corrections

For 6 months (March–August 2020), the Incident Commander initiated twice-daily phone calls (@0800 and 2000) with all 40 taskforce participants. To achieve the goal of keeping the sole hospital’s intensive care unit as empty as possible, performance metrics were developed, such as the daily volume of testing and the reporting of the county-wide outpatient volume of moderate to severely ill COVID-19 patients. The Incident Commander facilitated discussion on the calls but was not the sole decision maker. As performance metrics were presented, all participants could report their progress and describe concerns. With all critical players on the call, most issues were resolved before the call ended. Daily wins were celebrated with “kudos” during the calls. Failures were not analyzed; instead, mitigating next steps and finding new solutions became the focus of discussion. As an example, the taskforce named COVID testing results as a key metric but also recognized that county-wide testing could increase viral transmission among patients waiting for testing inside clinics that lacked pre-existing isolation areas and proper ventilation. Their solution: in early March 2020, the taskforce decided to create a drive-through testing facility, the first in Colorado. Best practices were still unknown that early in the pandemic so, absent centers for disease control guidance, the team created most work processes from scratch (Table 2). In late 2021 daily Incident Command phone calls with frontline staff and county-wide partners were re-established because of the emergence of the Omicron variant.

Decision-making Framework Included Multiple Goals: Those Related to Scientific Issues and Those Responsive to Needs and Concerns of Frontline Workers

As happened elsewhere, all elective surgeries were canceled early in the pandemic. Rather than furlough staff, operating room nurses and aides were deployed to mask construction if they

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were not needed for patient care. Physical therapists were cross-trained to assist testing centers, hospital-screening efforts, and respiratory-care support. With school closures, childcare services were identified and provided for Vail Health employees. A clinical psychologist monitored and supported the well-being of all frontline workers and first responders, including contacting employees with COVID or COVID exposure and engaging all teams involved with a local death or critical incident. Resilience-training was offered to all hospital staff. An integrated approach allowed Primary Care Providers (PCPs) to make an immediate “warm handoff” to behavioral health providers so that patients could receive help with developing coping skills and managing stress.

Eagle County’s PCPs were telehealth-enabled and telehealth-trained before the first COVID-19 case. The county also expedited the onboarding of first responders, adding an additional 27 paramedics. To reduce unnecessary exposure, paramedics provided telehealth consultations during 911 calls to assess a person’s need for medical services or hospitalization. Community paramedics were deployed for in-home consultation with chronic patients and newborns.

The Vail Health marketing team led community engagement, risk communication regarding the pandemic, and public education. Extensive (often daily) messaging throughout the community, both online and in print, helped patients navigate to the appropriate level of care.

**Absence of Bureaucratic and Political Interference**

Vail Health’s Chief Executive Officer and Chief Medical Officer both participated in the daily taskforce calls. Neither person overrode any consensus decisions but instead permitted rapid implementation of those decisions. Because of the fast-changing needs of emergency management, all taskforce members had to be comfortable with quick decision-making and changes in direction. To streamline discussion and reduce the burden of unnecessary documentation, such as might prevent the rapid hiring of more paramedics, for example, regulatory and compliance officials were available for consultation as needed but were not formal members of the taskforce.

At the state level, the Colorado Governor did not impose personal biases or political considerations on pandemic decision-making. A statewide mask mandate was implemented and uniform public-health-based county-level metrics were identified to determine restrictions imposed on gatherings and businesses, but these actions were at the discretion of local officials. The three Eagle County Commissioners who determine county-wide spending were also not members of the taskforce, but they publicly supported all public health measures taken.

**RESULTS**

Eagle was the first county in the state to receive Personal Protective Equipment. On March 4, 2020, Eagle County
FIGURE 1. Total number of Coronavirus Disease-2019 (COVID-19) polymerase chain reaction (PCR) tests and positive results conducted in Eagle County from March 6, 2020 to July 11, 2021. Figure Courtesy of Karina Schorr Eagle County Public Health Department.

FIGURE 2. Relationship between 3142 US counties Coronavirus Disease-2019 (COVID-19) case fatality rate and their median household income. Size of the circle indicates total county population. COVID-19 case and death surveillance data since January 21, 2020 as recorded in the Johns Hopkins COVID-19 dashboard. Median household income from the 2019 United States. The green dot O represents Eagle County with a case fatality rate of 0.34% per 100,000 and a median income of $84,790. Figure courtesy of Francisco Buera Ph.D. Sam B. Cook Professor of Economics Washington University St. Louis.
opened the first drive-through COVID-19 testing facility in the state (Fig. 1 and Table 2). In December of 2020, the Colorado Department of Public Health and Environment (CDPHE), National Guard, and State Police delivered one of the first batches of COVID-19 Vaccines to Eagle County because it, along with other selected centers statewide, had completed coordinated delivery exercises. The Vail Health system was able to meet all 250 requests for new childcare services by health care workers within two days of school closures. The Vail Hospital’s intensive care unit never reached maximum capacity for COVID-19 cases. The county had a case fatality rate of 0.34% lower than the state (1.2%) and United States (1.8%). This performance was superior to many other US counties, including those with similar economic characteristics (Fig. 2). By March 2022, the county had provided at least 1 dose of COVID-19 vaccine to 100% of its eligible population and 83% were fully vaccinated. These are among the highest vaccination rates in Colorado for counties containing 1% or more of the state’s population. They are also substantially better than the many rural counties reporting <25% of residents vaccinated. Unfortunately, detailed information on minority outcomes was not available because ethnicity designations were voluntary and infrequently recorded.

**DISCUSSION**

Although nationally the United States failed to respond adequately to the pandemic and protect the health of its citizens, many localities achieved superior performance, Eagle County among them. The county’s characteristics and its local and state response provide an outline for how this nation could improve performance. Eagle County exemplifies how improved baseline health of citizens may provide substantial advantages in pandemic situations. While improving the nation’s health status has been recommended, this report provides observational, outcomes-based support for the potential impact of improvement. The well-coordinated, independent, and sustained response to pandemic challenges by members of the Eagle County COVID-19 taskforce is also significant. In many other locales, competition and lack of communication among disparate public health and local medical institutions and providers impeded a robust pandemic response.

It is important to acknowledge that Eagle County is rural with a low-population density and thus has an advantage when compared with densely populated urban areas where social distancing and other public-health measures are more difficult to maintain. Some of the practices described in this account, such as canceling elective surgeries, reassigning staff, “just in time” training, behavioral support for health care workers, and reducing the burden of unnecessary documentation, have also been reported by the largest municipal hospital system in the United States. Using telehealth for outpatient care delivery is also well documented.

But what this report aims to highlight is Eagle County’s innovative and rapid public-health response. The creation of a county-wide taskforce consisting of experienced middle managers from multiple agencies who were empowered with significant independence to design and quickly initiate actions free from bureaucratic and political interference has not been specifically reported. Mounting such a response in states where political interference in public health occurs may be difficult or even impossible. But for counties without such interference, the transformative nature of Eagle County’s COVID-19 taskforce and its flexibility to manage and respond to emerging challenges are important to consider when designing their responses to either the ongoing COVID-19 or the next such pandemic.

**ACKNOWLEDGMENTS**

Acknowledgments to the main participants in the Eagle County COVID-19 Response. Ada Borg, COO of Colorado Mountain Medical. Alana Hurst, Colorado Mountain Medical Clinical Director. Amanda Veit, Chief Operating Officer, Vail Health. Amy Lavigne, Quality Director Vail Health Hospital. Barry Hammers, Chief Medical Officer Vail Hospital. Bill Adacho Senior Director, Facilities and Construction, Vail Health. Birch Barron, Director of Emergency Management Eagle County. Brianna Mahler, PA/RN Urgent Care Provider Vail Health. Brooks F. Bock, MD CEO Colorado Mountain Medical. Caitlyn Nga, Infection Preventionist Vail Health. Casey Wolflugt, Community Behavioral Health Director EVBH. Chad Milam, Director of Patient Experience Vail Health. Chris Monter, CEO of Eagle County Paramedic Services. Dana Erpelding, Director of Operations EVBH. Dan Pennington, Vail Health Foundation. Dave Petrowski, Vail Health Materials Management. Diane Schmidt Employee Health Nurse. Mary Ellen Broersma, Director of Operations, Howard Head Sports Medicine. Emily Tamberino, Vail Health Marketing Director. Erica Hyslop, Vail Health. Heath Harmon, Director Eagle County Public Health Environment Department. Joe Fasolino, Manager of COVID Testing Operations. Kim Goodrich, ESF 8 Lead, Eagle County. Kimberly Flynn, Vail Health Safety Officer. Marc A. Burdick, Eagle County Public Schools. Matthew Smithson, Director Occupational Health Vail Health. Michael Holton, Chief Marketing Officer Vail Health. Mike Murray, Senior Real Estate Analyst, Vail Health. Nico Brown, VP of Business Development Vail Health. Rachel Blackwell, Vail Valley Surgery Center. Sally Welsh, Director Public Relations Vail Health. Sarah Drew, Director of Emergency & Trauma Services. Sara Dembeck, Associate Chief Nursing Officer, Vail Health. Shannatay Bergeron, Specialty Director Colorado Mountain Medical. Shelly Cornish, Administrator, Castle Peak. Stacy Toyama, Vice-President Shaw Cancer Center. Stephanie Kearney, Vice-President of Ambulatory Services Vail Health. Steve Debs, Director of IT Vail Health. Will Cook, CEO Vail Health. Zach Kent, Mountain Family Health Centers. Z McDaniel, Family Birth Center Vail Health.

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