



Lessons in Emergency Response Managing the COVID-19 Pandemic in Cleveland

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For Online Presentation
<https://youtu.be/8m9l9DtOums>

Background

- The first case of COVID-19 was confirmed in Cleveland on March 14, 2020
- Case Western Reserve University's (CWRU) Master of Public Health (MPH) team partnered with CDPH to provide expertise and resources to help respond to the COVID-19 pandemic in January 2021
- I worked on site at the Cleveland Department of Public Health (CDPH) located at 75 Erieview Plaza, Cleveland, Ohio 44114 and sites around the community as a part of this partnership
- I assisted with vaccination POD organization, vaccination strategy meetings and epidemiologic reporting

Population

- CDPH serves the 385,000 residents of Cleveland, Ohio with a staff of approx. 180 employees and annual budget of \$21 million dollars

Learning Objectives

- Describe the CDPH COVID-19 vaccination program
- Explain the challenges of pandemic management in the city of Cleveland
- Analyze the different epidemiological outcomes of COVID-19 on the population of Cleveland

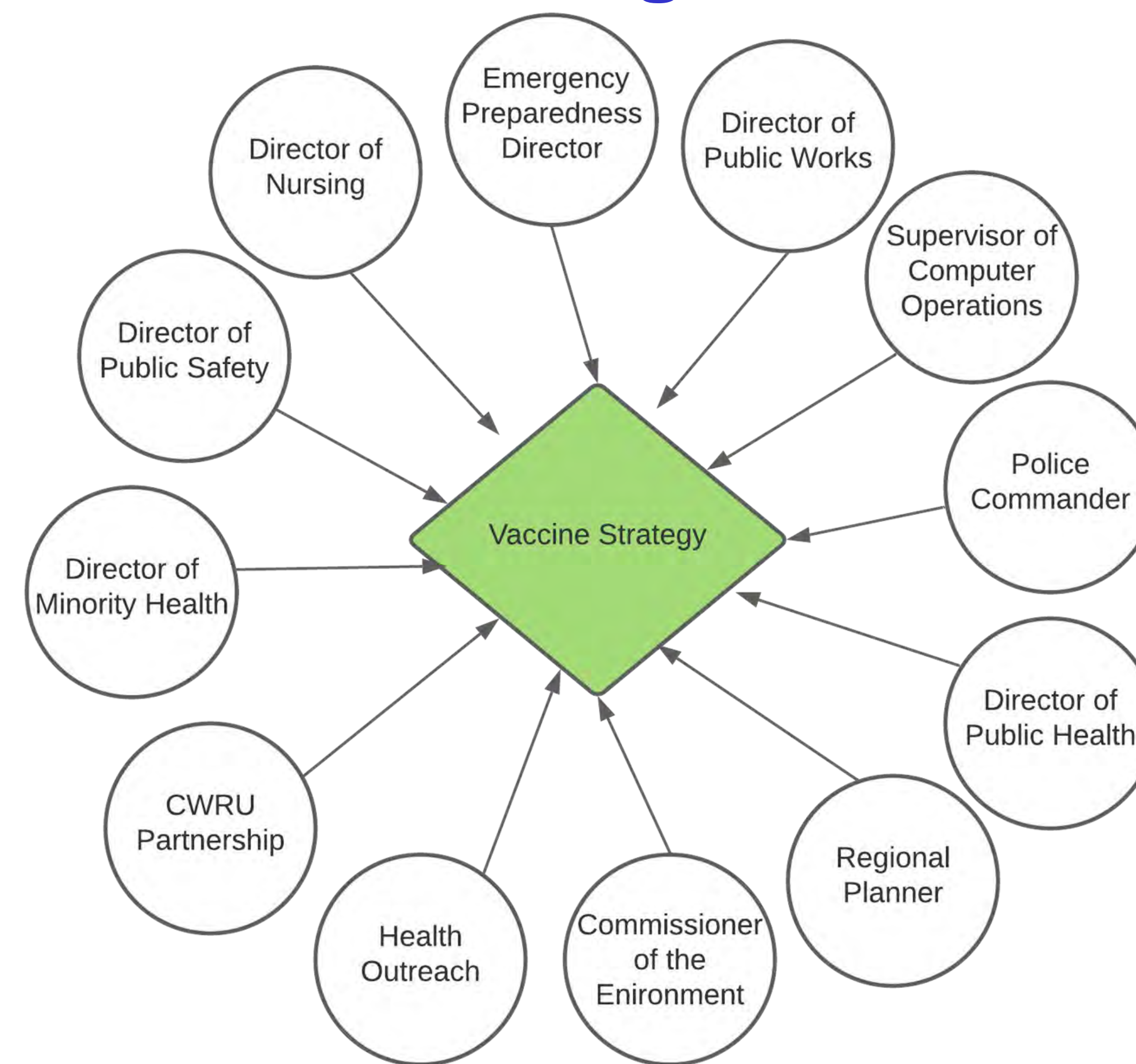
Activities

- Setting up data management systems and tracking vaccination data at PODs
- Attending daily vaccination strategy meetings, scribing most important details and disbursing to key members on CDPH team
- Analyzing COVID-19 case information and vaccination data for 18 month report
- Interviewing CDPH decision makers to gather a history of responses to the pandemic for 18 month report

Deliverables

- Daily report of the vaccination strategy meetings
- Contributions the "Cases," "Vaccination," and "Community Outreach" sections CDPH 18 month report, which details the first 18 months of the pandemic in Cleveland.

Vaccination Strategy Meetings



Vaccination Pods

- Cleveland residents were vaccinated at over 1300 different sites within and outside the city limits
- CDPH sites were utilized the 2nd-most after the FEMA mega-pod at the Wolstein Center
- CDPH POD sites were the most successful at vaccinating Black and African American residents
- Examples of sites include larger PODs like the Public Auditorium, but community sites like churches, barber shops and even ice cream stores were utilized
- Challenges included determining the best times and locations to set up a POD, how to drive traffic to the PODs via proper messaging, managing the physical doses of vaccine while on site and accurately capturing the data from patients who showed up to receive doses

18 Month Report

Methods

- Along with the CWRU MPH team and the CDPH epidemiology department collected, cleaned and analyzed data from the first 18 months of the pandemic
- Topics analyzed included epidemiology of COVID-19 cases described by race and ethnicity, description of vaccination patterns by demographics and location and community outreach

Results

- Produced reports that will be part of a larger, public facing 18 month that will document the impact of COVID-19 on Cleveland and the Public Health response

Lessons Learned

- How action plans are formulated based on available information
- How state level and city level politics and public health policy work with each other
- The importance of having strong epidemiological data to make informed policy decisions
- The intricacies of coordinating several arms of public response successfully

Public Health Implications

- Local Health departments are vitally important in pandemic response and when well resourced, can have important, context specific responses to the communities that they serve
- Strong public health leaders know how to leverage both the science and the political environment to get the best responses
- Funding and practicing emergency preparedness, developing protocols before the next pandemic can increase the success of the public health response
- Relationship building is a necessary Public Health function. The more the community, partners and government trust the Public Health department to act responsibly and in the best interest of everyone, the more robust the response can be.

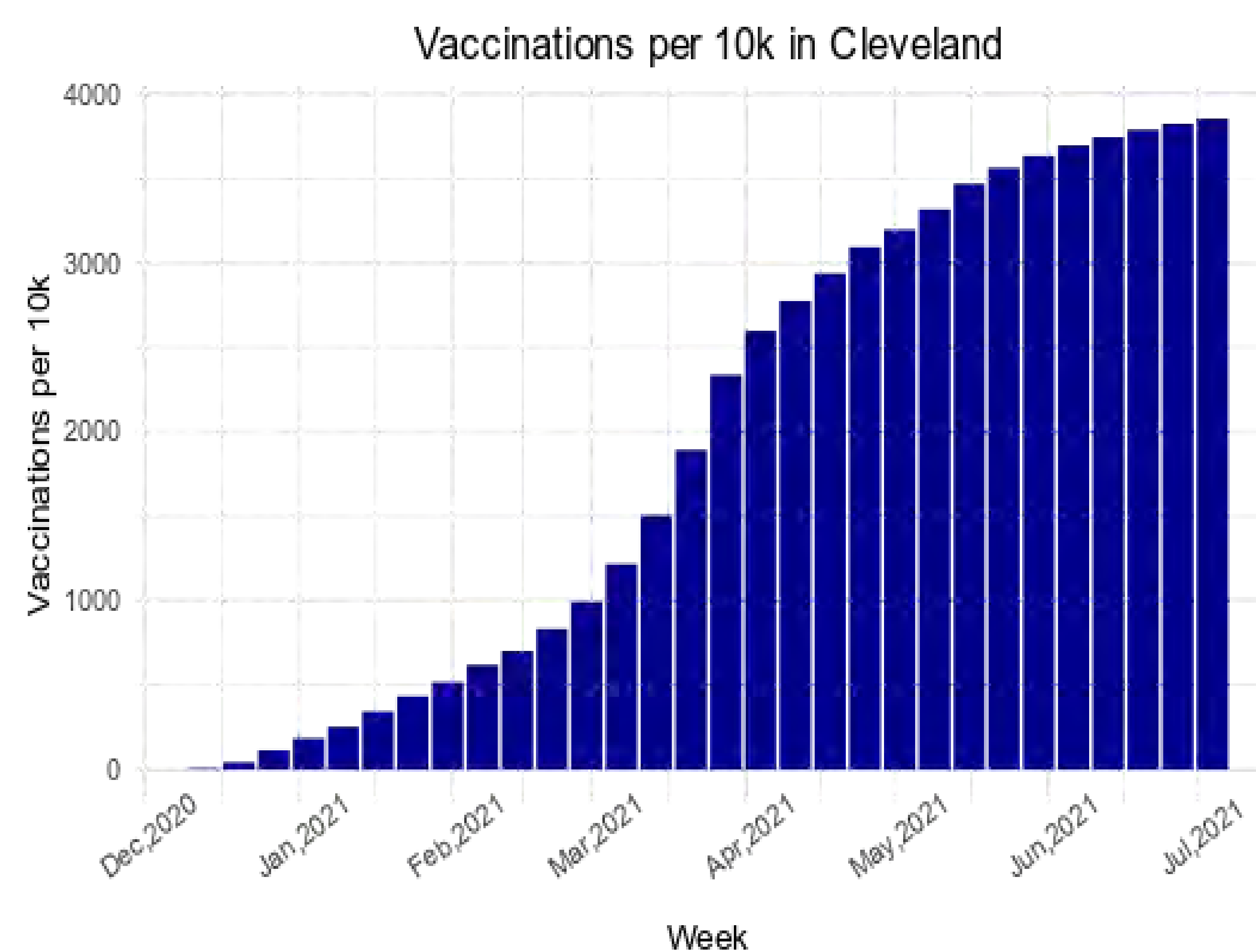


Fig. 1-Cumulative total of 1st dose vaccinations per 10,000 residents

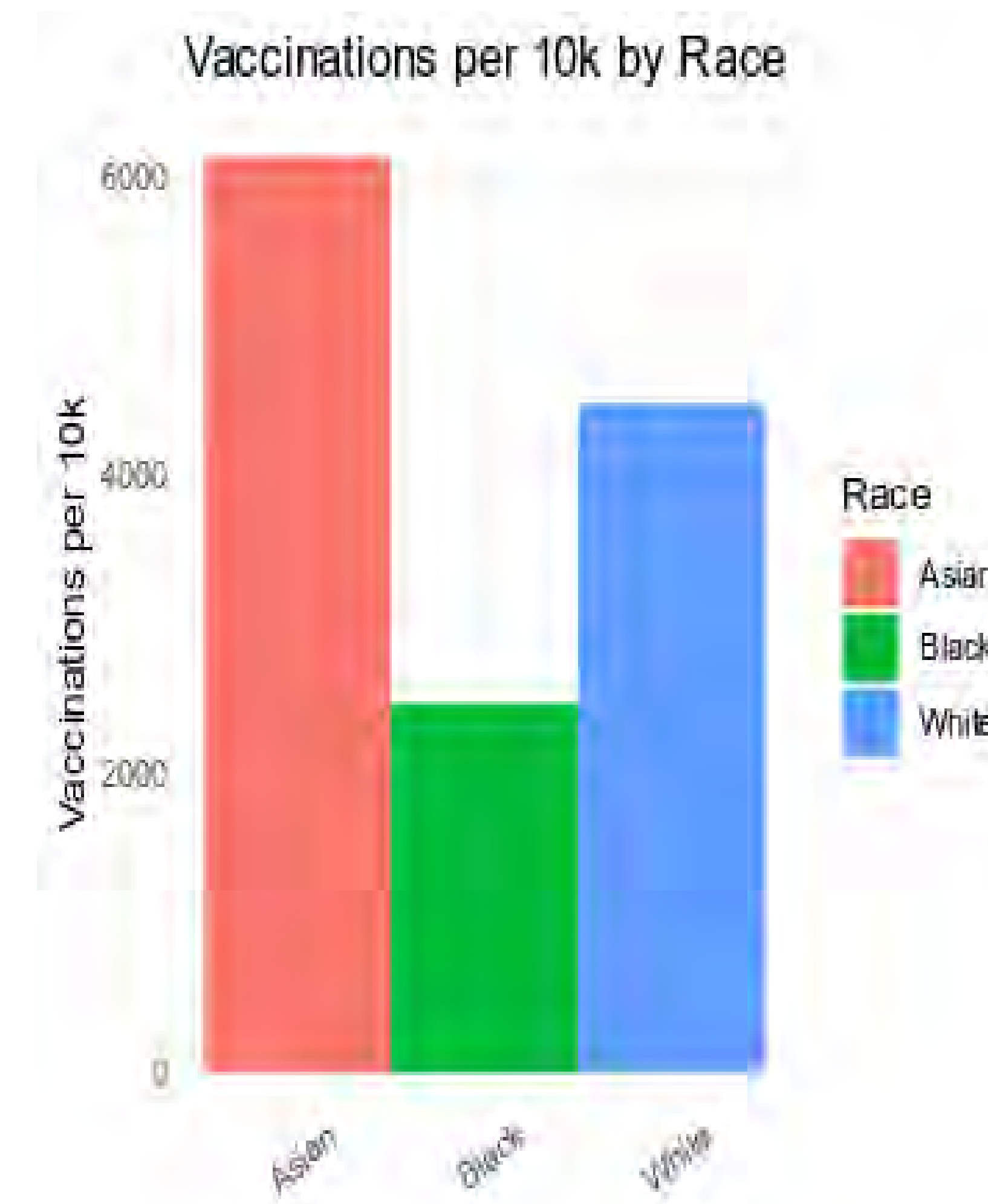


Fig. 2- Vaccinations per 10,000 by race