

Transcript

Grayson: Hello everyone! Welcome to an episode of Med student voices here at the UNC School of Medicine. My name is Grayson Privette.

Peter: And my name is Peter Said.

Rizk: My name is Rizk Alghorazi.

Anameeka: And, last but not least, my name is Anameeka Singh. The four of us have the great pleasure of being a part of the “Using the COVID Pandemic to Understand Structural Drivers of Health Disparities” course here at UNC. This course was launched in Fall of 2021, and while it’s only been a year since then, a lot has happened and so much more has changed since COVID-19 first began shaking up our world back in 2020. Which is why, today, in a time where we have found ourselves closer to reclaiming “normal” (a new “normal,” really), we want to step back and take an honest look at our community response to the COVID-19 pandemic. Specifically, we want to appraise our community’s resilience and how we can build on our collective experience to better prepare and respond to future public health emergencies.

Rizk: But before we get into our discussion, we’d like to briefly define a couple of key terms from our course that are relevant to this episode. First: resilience. In the social and behavioral sciences, resilience is the adaptation of an individual or group to overcome mental, emotional, or behavioral experiences – particularly the ability to maintain health through a pandemic in this situation. And second: health equity. This is achieved when every person has the opportunity to be as healthy as possible. In other words, health equity is the ultimate goal and can only result when health inequities – barriers to health – are removed (for example: cost, physical barriers, transportation, political or social position, or social determinant circumstances).

Peter: We are delighted and honored to introduce someone who has spent a career focused on reducing health inequity with a unique perspective to share as a leader of the national public health response to the COVID-19 pandemic. She also happens to be one of our newest Tar Heels. Dr. Nancy Messonnier – welcome.

Dr. Messonnier: Thank you and thanks for having me. I’m excited to talk to you all.

Grayson: Well it’s wonderful having you here today Dr. Messonnier was recently named the new Dean of the Gillings School of Global Public Health and has been a highly influential public leader as we’ve mentioned for over 25 years both in the U.S. and abroad so first of all we’re thrilled to welcome you here to the Tar Heel Carolina community but before we talk about your envisioned impact here at UNC we’d like to hear a little bit more about your unique background with CDC you held a number of positions throughout your time including serving as an epidemic intelligence service officer acting

MTEC 123 SHS Final Project Podcast

director for the center of preparedness and response and director of the National Center for immunization and respiratory diseases can you talk a little bit about your experiences in these roles and how they may have highlighted the importance of health equity and community resilience.

Dr. Messonnier: Sure I am happy to do that you know I was fortunate to have a long and diverse career at CDC and I think as you think about public health you can't help but start with the question of health equity if public health is about the health of an entire population that means every individual in that population needs to have access to good health and it is inevitable and appropriate that you think about HealthEquity I can say in my career health equity has been part of everything from my first experience as an epidemic intelligence service officer where I was investigating my very first outbreak in rural Texas to my last time at CDC in my role in the COVID response I think similarly when I think about public health one of the most important aspects is the way in which we think about the application of science to populations in order to have impact you have to have a great scientific intervention but it is not effective if it is not implementable in a population and when you think about implementing an intervention in a population you really have to understand that population you need to understand the community you need to understand their values you need to understand their operations and you need to understand how the community connects itself and that is really I think an essential part of understanding community resilience.

Anameeka: And now to bring in the local perspective and hear more about what is being done in North Carolina we have Ms. Debra Farrington who is the chief health equity officer for the North Carolina Department of Health and Human Services and here was Ms. Farrington's thoughts on this question.

Ms. Farrington: I am the middle of five children and so fairness is something that's extremely important to me and I think I learned the principles of fairness very early in my life and that aligns really well with my values and my background in social work as a social worker I'm focused on addressing the concerns of others and promoting social justice and helping meet the needs of individuals who are vulnerable marginalized oppressed or living in poverty in my role as chief health equity officer I have the ability to impact change at the individual level but also at the system level in this role I'm able to be an advocate and a leader in policy changes that amplifies the voices of people who are experiencing marginalization we have a team of folks who are focusing on access to broadband infrastructure and digital equity we're working on increasing access prenatal care with rural providers we've been involved in some community health grants with community organization and one of the things that's important to me is a social worker is improving language access and making sure that the materials we have available to our communities are in languages that people need them to be at increasing access to information in Spanish has been an important priority for us.

Peter: Going back to the late 1990s for a second you played an instrumental role in helping to manage epidemic meningitis in Africa through your work with vaccine development and implementation across several countries what parallels can you draw between your work with vaccine development and

implementation during the COVID-19 pandemic and this past experience and what were important factors that made the COVID-19 pandemic different and perhaps more difficult.

Dr. Messonnier: Yeah that's actually a great question and great that you sort of made that connection because frankly as I thought about the COVID pandemic I couldn't help but reflect on the meningitis epidemics in Africa so in the 1990s my first trip overseas was to investigate outbreaks of meningococcal meningitis in West Africa this region of West Africa was very specifically impacted by meningitis every year with peaks of disease but on top of that every 10 to 12 years there were these major epidemics and this had been going on for more than 100 years 1996 there were 350,000 cases of meningitis in four months in maybe four or five countries in West Africa 35,000 deaths but it was before social media way before podcasts and it happened silently and invisibly to most people in the Western world it looks exactly like you imagined people lying intense or on the ground outside of health clinics because there wasn't any space for them and dying because they didn't have access to simple antibiotics the technology to make a vaccine to improve the situation existed but the problem was that the strains that were causing disease in West Africa were different than the strains causing disease in industrialized countries and pharmaceutical companies were focused on the industrialized country market and on a price point for the vaccine that was well above what was affordable by those countries and I said help the story I hope you will see the parallels to the pandemic are having with COVID the importance of surveillance and response of laboratory capacity and the importance of the biomedical enterprise but also unfortunately some of the same things that we continue to wrestle with about inequities in access to care globally in that situation at the early days of the Gates Foundation I was fortunate to be part of a small team that went to the Gates Foundation and plead our case and received funding to actually develop a meningococcal vaccine that was targeted to those strains in orphan vaccine that took multiple years but really I guess in the end within 10 years that vaccine was developed at \$0.40 a dose and rolled out people standing in line to get access to it it was for me an incredibly important part of my development as a public health professional and a mark to me of what's accepted what's possible with the small group of people who are really dedicated and passionate I think it troubles me that we see those same themes of problems charging with COVID-19 because it to me it signals that while it's much more visible now means we haven't dealt with the root problems and I worry as this pandemic to become part of our normal some of those conversations have quickly passed over us and if we miss this opportunity again we're going to have another epidemic another pandemic another problem in some number of years probably frankly not within my career but I think within yours I'm we're going to regret that we haven't found better ways to approach this.

Rizk: On the note of meningitis outbreaks you're credited with playing a pivotal role in the successful private public partnership that helped prevent future outbreaks in Africa epidemics in Africa through development of low cost vaccines like you mentioned for meningococcal meningitis most recently you came to UNC after several years at the Skoll Foundation focusing on producing global poverty and public health challenges do you feel that the background in both the public and private sectors has given the different perspective as a healthcare professional and individual.

MTEC 123 SHS Final Project Podcast

Dr. Messonnier: Yeah absolutely in my role at CDC I worked closely with pharmaceutical company staff on multiple issues around vaccines I found those scientists that have the same desire to fix the world to prevent disease as I had yeah they have a different structure and decision making and being aware of what motivates their companies are important but they can be incredibly strong partners I think broadly one of the problems that you have if you stay in the same sector or institution for a long period of time is that it's hard not to get tunnel vision and not really understand the other sectors that are part of the public health enterprise for me it's been an incredible learning experience after being at CDC for so long to go work at the school foundation for a year and really get a very different perspective from a private foundation about health and how to approach public health and pandemic preparedness and similarly although I've only been here for six weeks I feel the same thing I feel like it really gives me a different perspective that I bring to my work as a Dean and that it would behoove all of us to actually have different perspectives we go about our work because I really think we miss opportunities if we don't understand what other parts of our enterprise can bring to the table public sector work public health is a team sport and I think we're stronger with lots of different voices with people with really different backgrounds and perspectives coming together around the table.

Anameeka: Turning to the main topics of our discussion: can you comment on the resiliency of our community during this pandemic and the impact of these resiliency efforts today.

Dr. Messonnier: I think as a country we have shown both our best and our worst selves during this pandemic I wasn't here during most of the of the highest points of the pandemic I was still in Atlanta but my community rallied around me and I saw that all over the place and so many different communities their community members embraced their healthcare providers embraced the people that had to go to work help each other out brought senior citizens food so they didn't have to go out into the world and I think those examples of community are at the heart of what makes us special I do think also at the same time there have been points in this pandemic where people have not been community minded I think it's really to our deficit to not understand that we live in a place where it matters what the people around us do and the values that we hold are similar to others in our community and in our country and that finding those commonalities feeling like we're all moving together towards a common goal it is incredibly important both to end the pandemic but frankly also to the future of our country.

Anameeka: Alright thank you so much that was very well said.

Grayson: There was a recent New York Times opinion article from Dr. Craig Spencer who was one of the Ebola survivors who came as treating patients in West Africa came to New York was treated at Bellevue I believe now he's a professor in emergency medicine physician at Brown University he describes the current state of preparedness as wholly inadequate for the next global pandemic really highlighting the need for strengthening global surveillance capabilities larger public health workforce and apropos to our conversation today equitable access to treatments and vaccines what are your thoughts on this view in terms of our kind of inability to prepare right now and you know the bad

MTEC 123 SHS Final Project Podcast

position that we're in right now and what are the needs in terms of improving our current state to ensure there's kind of a consciousness for health thinking baked into our future responses.

Dr. Messonnier: Yeah so I would agree with him and I think you can hear the same theme echoed by lots of people who have been in public health we see in this space of outbreak response epidemics a cycle of panic and neglect that is just repeated over and over again and so you know in 2001 one of the first things I did at CDC and emergency response work on the 2001 anthrax attacks there was tremendous panic and desire to fix public health and then people's attention swiftly went elsewhere and I've seen that happen again and again with Ebola and Zika H1N1 and even given the unprecedented size and scope of the COVID-19 pandemic the same thing is happening again I think that there are a couple messages I would say one is that in the midst of all the rest of this stuff people matter and having the right people in the right place at the right time is part of how we respond appropriately in the minute so investments in public health and in health care and in communities to build community resilience in the time between outbreaks and pandemics and epidemics pays huge dividends during that and I worry as I presume that editorial said that that we forget that too quickly and move on to other emergencies I would also say that we should have fully anticipated some of the health inequities that became central themes during the COVID pandemic those were not new problems those are not new problems and we had every reason to recognize them in advance and to try to preemptively do things to address them and I'm saddened that we didn't but even if we had tried to really approach them in the setting of a pandemic you can't fix those problems overnight they are systemic issues in our society and our populations we need to be working on them every day and frankly it's the future that we're going to leave to you all to try to think through how to make those long term investments to build more resiliency in our communities to build access to care and to build systems that are that are more resilient so that they don't fall apart in the middle of another emergency.

Peter: Adding on to that one thing that we extensively revisit in our class is the fact that the pandemic unmasked and exacerbated a number of pre-existing cracks in the United States systems social healthcare and economics this exacerbation deepened health disparities to an extent that made this truth undeniable for example we saw significant difference in health outcomes between the general population and vulnerable populations what is being done now to better support these vulnerable communities.

Dr. Messonnier: I would start by saying that not enough is being done and not enough has been done and I worry that not enough will be done I do want to call out success because I do think that there has been some successes and so if you have not looked lately you should look at vaccine coverage in the state of North Carolina where we live because despite early disparities vaccination coverage among African Americans and among Hispanics is as high as it is among Whites I think that is a testament to the work of the health departments in the state to improve access in those populations but also access in those populations but also to address myths and misinformation that have run rampant now vaccination rates among Native Americans are much lower and so I think there is still room to go but it points out to me that now is not the time to throw our hands up and say that these problems are insurmountable now's the time to roll up our sleeves and start addressing them in real ways that are

MTEC 123 SHS Final Project Podcast

sustainable one of my mentors said to me that if you want to make big changes in the world you have to work on the hardest problems this is the hardest problem and I think we need to call it out we need to hold ourselves accountable for it and we need to keep it in the eye on it and keep it visible so that it doesn't disappear from view again.

Peter: And in terms of the local response this is what Ms. Farrington had to say about what is being done in North Carolina to help support these vulnerable populations.

Ms. Farrington : The pandemic was that COVID cases hospitalizations and deaths that we saw during surges were practiced by historical and structural racism that drove preexisting social vulnerability and an increasing likelihood of negative outcomes for populations that have been historically marginalized and we know that the pandemic didn't create those inequities but it certainly illuminated the fault lines of inequality we saw that Native Americans African Americans and Latino Americans had higher COVID case rate and in some cases as much as 2 1/2 times higher death rate So what have we been doing to support these populations we want to make sure that going forward we leveraged the lessons alright from the pandemic to recover stronger we've grounded our work and whole person care whole person health we want to make sure that that work is driven by equity and that it is responsive to the needs of our community and responsive to the successes that we have achieved in the past and so you may be familiar with the number of campaigns that we've launched many of them like the know before you go campaign has focused on making sure that everyone gets vaccinated because we have documented and proven that vaccinations are one of our major tools to protect people from pandemic like the COVID pandemic we continue to make remain vigilant in our responses to new public health threats such as the monkeypox public health threat that we recently encountered and the flu as well so that we wanted to remain responsive and vigilant so that we can quickly put the public health measures in place that ensures that people get the right treatment and then get the right information so that they can be healthy and we can reduce the spread and protect our community and finally I'd just like to add that we saw during the pandemic that it was an important for people to get information from individuals that they trusted we also learned that there was a certain amount of mistrust that was evident in our community because of historic medical traumas in the past and so we have emphasized the need to build strong trusted partnership with key community stakeholders we leverage those partnerships to disseminate information to help us codesign solution and to make sure that we can use those trusted relationships to get information out to our community partner and then the last thing I will say in terms of what we're also doing around the partnership area is making sure that we're focusing on things that are important to people and one of the things we learned during the pandemic was that COVID took an extreme toll on people's mental and behavioral health and so we've prioritized addressing behavioral health and resiliency we are offering more services further upstream to build resiliency and to invest in coordinated systems of care that make mental health services easier to access we're also going to focus on taking care of our children our most vulnerable members of our community and also working on a strong and inclusive workforce.

MTEC 123 SHS Final Project Podcast

Grayson: To bring it back full circle now that you're here at Gillings you have an important role in shaping future leaders in public health and it is the number one public school public health in the United States we like to say and it's in a state that's increasingly diverse and it's in a state where there is increasing disparities in some of our vulnerable populations as we just mentioned how do you plan to apply your experiences in the academic setting kind of at the national level that you like you just talked about to achieve health equity and build community resilience. I know that we're a little bit early on in your tenure but just some general ideas.

Dr. Messonnier: I'm happy to talk about that I would start by saying that it's really important and it's got to be a central theme of our work and it's not a single answer it's a series of conscious choices we make and how we approach our work at Gillings it needs to be central in our educational efforts and also in the practical experience that we make available to our students so that they can actually see these inequities in the real world and understand what it's going to take to surmount them I think it's central to our research not every single research at Gillings but certainly it is health inequities and disparities are core to much of the research that we do and finally the third piece that three legged stool is our practice work and by that I mean the work that we do in the practice of public health how we support North Carolina how we support the country and how we support the world and our global mission figuring out how to do the best that we can for the healthcare workers in the state and for the population in this state is a key piece of what I'll be thinking about and talking about it is great to be the number one public school of public health I want to live in a community that is also at the top of public health and we're going to be working to try to achieve that.

Anameeka: On a final note we recently spent a class session discussing the importance of cross-sector partnerships in tackling disasters such as the COVID-19 pandemic do you have any words of wisdom for current and aspiring healthcare professionals how should we doctors nurses public health professionals everyone collaborate with each other to meet future disasters with greater resilience and facilitate better outcomes.

Dr. Messonnier: I would probably repeat the question back and say do that but I mean I think it's a really important point and there's some military analogy about the fact that you don't want to meet your comrades in the heat of war and I think it's the same thing here relationships are important this place has low stone walls for reason we need to be collaborating now and that's both collaborating on projects but also frankly building the relationship and the rapport so that in the event of an event we can fall back on that and it's not just I think in the health sector there are important roles that we can play by partnering with those in journalism and the media I'm certainly this year as highlighted some of the need to really partner with the folks in the school of government or the law school and so I really think building that connectivity and building those relationships and building that sense of team ahead of time by looking at public health from all these different angles is what will it will take to build that resiliency in our community.

MTEC 123 SHS Final Project Podcast

Rizk: And this is Ms. Farrington's thoughts on how all healthcare professionals can come together to nurture greater resilience in the future.

Ms. Farrington: So I have a lot of ideas and ways that I think that as professionals we can collaborate to be responsive to future disasters and make sure that we can be more resilient and get better outcomes one of the things that I would start with is saying as professionals in our collaboration I think it's important to also prioritize collaboration of people who are in the community I think valuing both community expertise and technical expertise is important and so I would ask professionals to ask themselves you know what existing partnerships do you have not just among yourself but within organizations that are in community particularly those organizations that are serving people who are experiencing inequity and then I think to take the next step as professionals that you collaborate about how you can develop and implement specific plan to include those populations to make sure that people who are experiencing inequities have a seat at the table I think that we all of that is about opening up our circles and making sure that we're building relationships broadly that we're building relationships early I think the other thing I would say is developing common language although we're all working in the same field of health or public health having language that you are aligned on and agree what do we mean by health inequity and who are the populations that we believe are experiencing inequities I think agreeing on who those people are and what those terms are is incredibly important and I would also just wrap up by saying we have a lot of tools available to us as professionals we want to make sure that the tools we're using the strategies that we're employing are applied to the populations in ways that they can benefit them there's obviously no size no one-size-fits-all no one approach that works for all communities and I think taking an equitable approach requires us that we modify our interventions to meet the needs of people who we want to benefit from the support that we have available.

Rizk: Well that sounds like a great note to end on. Thank you so much for sharing some of your time and wisdom with us. We are grateful to have you here at UNC and sincerely appreciate everything you have done and everything will continue to do for our communities and to build resilience. Thank you.

Dr. Messonnier: Thank you and it was nice to talk to you all and I really hope that you are going to go out and change the world because that's I think what it's going to take a generation of people who see these issues as central and are committed to actually trying to be the change they want to see in the world.

Grayson: After that stimulating discussion what can we learn from these local and national perspectives one of our primary takeaways is that there's a lot of work to be done when it comes to resilience and thinking about health equity in times of need especially in critical times of need like in natural disasters or pandemic settings from our national perspective we obviously know that not enough is being done but there was a lot of successes to call out in the COVID-19 pandemic that could be built on in the future from the state perspective it sounds like it's really important to focus on digital equity and thinking about all of our communities in need and all the diversity that exists across

MTEC 123 SHS Final Project Podcast

the state to ensure that there are adequate resources where they need to be in disaster. Looking forward to the future how should the information that we've gained inform our future responses rapid deployment of resources to those who are most in need is obviously a critical need but what does it actually mean from a response perspective what we found out is that it means having the right people in the right place and diverse perspectives in place to understand communities to understand community partners and understand interrelationships within communities better know where resources need to be whenever we need them.

Anameeka: So in summary in the words of Dr. Messonnier we saw both our best and our worst selves in this pandemic there were undoubtedly successes in our collective response to an unprecedented pandemic but there was also a lot of room for growth and it's important now after seeing how this pandemic highlighted a number of existing cracks in a variety of systems in the United states we need to take notice of these inadequacies and not turn a blind eye in the future.