

## In This Issue:

### Rebuilding Public Health and Healthcare Resilience

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In late 2019, news coming out of China mentioned whispers of an unknown communicable disease affecting people who had attended a so-called wet market.<sup>1</sup> The United States government – and Delaware Public Health leadership – kept an ear out for any news, and soon more and more patients were being affected. Then the disease spread outside of China.

The pandemic (and ensuing lockdowns) made us reimagine the ways healthcare – and education, manufacturing, and any number of other industries – could be provided. Public health was in the spotlight. The Centers for Disease Control and Prevention (CDC) were constantly updating their recommendations, and Dr. Anthony Fauci was the voice of the science behind vaccines. We turned to telemedicine to see patients in their own homes, childhood vaccines were given in parking lots by masked providers, and elective surgeries were cancelled.

But health care centers were struggling to care for sick patients. Many health care providers – citing fatigue, burnout, and overwork – left the industry, and gaps in access to care became prevalent. Access to broadband (for school, for telehealth appointments, to keep in touch with loved ones) became a social determinant of health. Grocery stores held space and time for our older citizens to shop when the store was the cleanest, and churches began to hold worship services on Facebook.

Yet the US as a country did not fare particularly well. Compared with the rest of the world, a disproportionate number of Americans fell ill and died. Vaccines faced a delayed uptake and disinformation was rampant, amid scattershot mask mandates and guidelines between the states.<sup>2</sup>

With the eventual acceptance of Operation Warp Speed<sup>3</sup> and widespread COVID-19 vaccination, the US began to open back up. Masks are now encouraged, especially if someone is sick, but not generally required. Elective surgeries are back in the operating room, and schools are back in session. Some healthcare workers are returning to the field, and some have stayed away. Public health is still in the spotlight, if one not quite as bright, and the social determinants of health continue to affect the health of individuals.

In this issue of the Delaware Journal of Public Health, we invite you to read about how we have researched the strength of the healthcare workforce in our state, how one of our healthcare institutions have used robots to assist the workforce, and how we have incorporated telehealth into primary care. We also highlight how the type of residence affected health outcomes for individuals with developmental disabilities during the pandemic, how switching to virtual classes increased the access to Delaware Mini Medical School for high school students throughout the state, and offer the executive summary of the Delaware State Health Assessment, 2022-2023.

As always, we welcome your feedback and ideas!

## References

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