

Scott Thorpe

Chattanooga, Tenn.

Executive director and founder, Southern Alliance for Public Health Leadership

Scott Thorpe and the team at The Southern Alliance of Public Health Leadership combine state-level policy, organization-level education and grassroots coalition-building. Thorpe says coalition-building is complicated and constantly evolving. “Public health systems across the South are particularly exposed to big cuts, because we are so reliant on federal dollars,” he told THCC Communications Coordinator Lacey Lyons. SAPHL was founded with a vision “to support, protect, and promote public health systems that lead to improving health outcomes across the South,” according to its website. Thorpe spoke with Lyons about the strides Southern communities have made in improving health and healthcare, as well as the challenges that remain.

How did you come to public health, and to SAPHL?

“I used to work in politics. I ran campaigns across the South. Once I went to grad school, I realized I really loved public health. I went through some pretty serious health issues in my twenties. I got out of it because I had this community of people who helped me recover. But not everybody has that community. One of the things I love about public health is we try to help create those communities where people can take care of themselves.”

When I asked to talk about any county in Tennessee, you suggested Hamilton County. Why?

“There’s an assumption in this political environment that these issues cleanly map onto what’s happening politically. In a lot of cases, they actually don’t, because one of the big underlying issues is how kids access healthcare and how their families access healthcare. So, you have places like Chattanooga and Atlanta, where, despite communities being very supportive of vaccines, you have these really significant access issues for families. Chattanooga is not the only place where this is an issue, by a long shot. It’s not a political issue. It’s more a coordination issue. How do public health, healthcare, nonprofits and education work together to solve some of (this)?”

According to your research, only 88% of Hamilton County kindergarteners are up to date on their childhood vaccinations. Why is that? What has the county done to solve the problem? How is SAPHL supporting those initiatives?

“The county and the city (of Chattanooga) run a variety of initiatives through things like mobile units, school-based care, (and) opportunities to get kids connected to people and places where they can get vaccinated in schools. This becomes a really big issue when we hit back-to-school (in the fall) and school registration in May. What is really important to do during the lulls is to actively work on helping schools have the tools they need to make sure that 1. They’re communicating to parents as soon as possible about their kid not meeting vaccine requirements, and 2. When you do have that kind of messaging, it’s accompanied by opportunities to connect kids to free or cheap healthcare. Once we get into the swing of back-to-school stuff, we will encourage folks to use the mobile resources the health department

sends out. The longer-term, structural piece for us is finding creative ways to make this whole process easier. A good example is mobile units. The way mobile units get used is that you have health department staff who sets up in a parking lot and provides vaccines. To do that, you need a consent form. That consent form goes from the health department, to the school, to the kid's backpack, to the parent. It's a really hard way of connecting kids to care. Finding better ways to offer care at schools is really important. There are not a lot of really cheap, easy solutions to some of these issues."

"Only 21% of kindergartens in Hamilton County have reached the 95% community immunity threshold at enrollment," according to SAPHL's research. When schools are vulnerable to preventable disease outbreaks, how does that impact the larger communities?

"There's a certain percentage of kids who have a religious exemption. But the other (barrier) is around access. After the school year started, there was a grace period if a kid has not met their vaccine requirements, the school was supposed to remove the kid. But in reality, you're forcing schools to make a decision. 'Do I remove this unvaccinated kid, and maybe this is the one place where he is getting a good meal or multiple meals in a day?' 'Do I remove this kid who may not have consistent or reliable housing?' There are so many good reasons not to remove that kid that sometimes, principals make the decision not to. That actually happens a lot. Part of our work is to make this less of a choice between the two."

How does your work in Hamilton County fit with SAPHL's larger mission?

"Our work is happening at three different levels. There are ways we are plugged in at the city or county level. But we also tend to focus at a state level around policy. We also focus at a regional level. There are three levers we have at our disposal. One is creating value by bringing together partners across different sectors, states and communities. The other is around providing data and policy briefs on public health topics. Our last focal area is training, providing information and skills that public health professionals and advocates need to be effective messengers about public health."

Have you heard any direct examples of the impacts of low immunity thresholds so far?

"Taking measles as a relevant example, it's easy to focus on that kid. There are real costs for that kid and for his family. The hospital bills you ring up for a child who has measles can be significant. That kid ends up having to be out of school for weeks. That family has to have somebody taking care of the child at home while he's out of school. Even at the family level, you have these losses you've incurred. A full-on outbreak impacts other parts of the community. Your healthcare system gets strained by the additional number of cases in a system that is already strained. When you think about the economy and the impact a significant measles outbreak can have in a place like Hamilton County, it is a vacation destination. For communities that have large tourism industries, getting tagged as somewhere that also has an uncontrolled measles outbreak is not going to be particularly good."

For both measles and whooping cough, there are lots of cases that get missed. That's particularly true when we have a generation of providers who haven't seen a lot of (those diseases.) The difference between a regular rash and measles is hard to catch. One of the

things to drive home about vaccination rates is that it's not black and white, immunity versus nonimmunity. Every additional kid who gets vaccinated gives you a little bit more protection and makes it less likely there's going to be a serious outbreak."

For adults, SAPHL reports only 52% of adults in Hamilton County intended to get the flu vaccine. Their top reported concerns were side effects and where to get the shots, according to your research. How do adults' barriers to healthcare differ from those of children?

"The National Infectious Disease Society has done some comprehensive surveying of Americans to get a sense of what they think of vaccines. (Some questions) focus on their feelings about vaccines, whether they see them as effective and good for them. The others focus on barriers to access. The reasons people feel hesitant about getting vaccines are really important. When people say side effects are their biggest problem, what you're not hearing is, 'The flu vaccine doesn't work.' You're hearing, 'I'm worried I'm going to feel bad afterward.' How we talk about the challenges around vaccines and tailoring that to people's concerns is really important. You don't want to spread misinformation by trying to counter it if there's not an issue there to begin with."

What do the counties with low vaccination rates have in common, and how do they differ?

"Most of the counties with low vaccination rates are pretty rural. A lot of it speaks to access. A lot of the counties with low vaccination rates have no pediatricians. It may be the (county) health department is the one place in that county that is providing vaccination for children."

Can you talk a little bit about the connection between the moral and economic arguments for vaccination that SAPHL cites, and how that reasoning has been working in Hamilton County?

"The community of folks who are unvaccinated doesn't think about it in moral terms. Most of the people involved in the administrative process surrounding this don't, either. The idea, 'I should do this because it's the right thing to do to protect my community or others in my family,' is almost entirely absent. That is why we focus on other messaging opportunities. They could be economic, or, in the case of schools, 'How can we make compliance easier for you?' There's also a community of folks we will not persuade. But there are also people who are worried about the tourism industry somewhere like Chattanooga, who would not think about measles otherwise."

As you look ahead for Tennessee, and for the South, what have been some of the recent victories for public health, and what challenges lie ahead?

"One of the biggest victories that we tend to overlook sometimes is the campaign against tobacco products. The number of people, especially kids, who smoke today, even with vaping and all of the other things that have developed, is dramatically lower than it was 50 years ago. The number of people with lung cancer is dramatically lower than it was 50 years ago. Our biggest challenge is money. Healthcare and public health cost money. We've never had loads of discretionary funds lying around. But we have less money today than public health had 30 years

ago. The end result is when you look at some of the core functions of public health, like disease prevention and epidemiology, we're not able to do as much."

Thorpe closed the conversation by noting that the public health system was forced to rely more on reimbursement models following the 2008 economic recession than it had been before that. He says his colleagues are debating what public health's funding streams should look like in the future. But, he said, "there's an opportunity for something new."