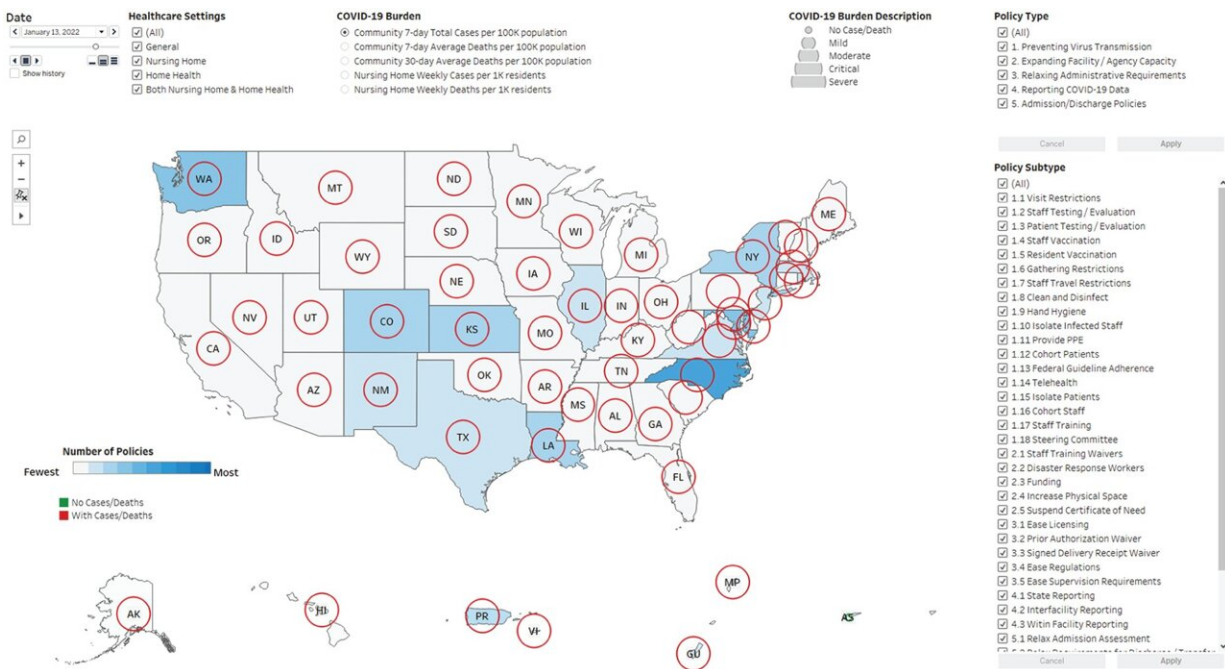


# Study gauges effectiveness of COVID-19 burden mitigation policies

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Overview of a National Dashboard of State- and Territory-Level COVID-19 Policies Aimed at Post-Acute Care Settings The date filter allows for daily selection of dates from March 1, 2020, to July 1, 2022. A slider is included under the date selection box for viewing policy progression throughout the pandemic. The health care settings filter consists of 4 checkboxes, allowing for the selection of target health care settings (general health care settings, nursing homes, home health care agencies, and both). Comprehensive definitions are found in the eTable in Supplement 1. The COVID-19 burden parameter consists

of 5 checkboxes, allowing for the selection of 5 distinct categories of COVID-19 burden (cases and deaths) at the community and nursing home levels. The policy type filter allows for the selection of 5 broad policy categories. The policy subtype filter contains 38 distinct subcategories related to the broader categories. On the map, the number of policies is indicated by a color gradient, ranging from the least (light gray) to the most (dark blue). COVID-19 burden is depicted as circles of varying size, with larger diameters signifying increasing severity. Circles are red if there were deaths recorded during that period, green if there were no deaths, and gray if no data were available. The central US map can be enlarged for ease of viewing, while the 5 US territories remain fixed in size. Credit: *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.7683

In a new study [published](#) in *JAMA Network Open*, researchers have created a [dataset and data visualization dashboard](#) to evaluate the effectiveness of state and territory-level policies enacted to reduce the severity of COVID-19's impact on older people served by home health care agencies and nursing homes.

The authors found many policies within states and territories did not correspond with reductions in community or nursing home-level COVID-19 burden (i.e. number of cases and mortality counts). This suggests that policy effectiveness may depend on implementation and compliance. The study also found that policies focused less on home health care agencies compared with nursing homes, despite both settings serving vulnerable older populations.

"This suggests a gap in public health planning, raising questions about [resource allocation](#) and prioritization among health care settings during the pandemic," the paper says.

The research team, led by Patricia Stone, Ph.D., Centennial Professor of Health Policy at Columbia Nursing, conducted this study by first combining data on COVID-19 policies from the Council of State Governments with COVID-19 burden data from the Center for Medicare & Medicaid Services. The team then used data visualization software to depict the information. They were able to identify 1,400 policies across 50 states and five territories.

"Both tools can be used by policymakers and [medical professionals](#) to learn from the past and prepare for the future as we anticipate more public health crises. We also suggest that these types of tools are made available during crises to ensure decision-making is data-driven," says Stone.

Other study authors include Suning Zhao, MPH, Ashley M. Chastain, DrPH, Uduwanage G. Perera, Ph.D., and Jingjing Shang, Ph.D., all of Columbia Nursing's Center of Health Policy; Laurent Glance, MD, Department of Anesthesiology and Perioperative and Department of Public Health Sciences, University of Rochester School of Medicine; and Andrew W. Dick, Ph.D., RAND Health, RAND Corporation.

**More information:** Patricia W. Stone et al, State- and Territory-Level Nursing Home and Home Health Care COVID-19 Policies and Disease Burden, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.7683](#)

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