

Louisville Metro Board of Health

Director's Report January – for Services in December

Health Administration

Human Resources

A total of twenty-eight (28) regular full-time positions are in process to hire (down from 34 last month). A total of eight (8) positions have been filled between 12/1/2020 and 1/1/2021

New Hires:

Alexander, Shareka L, Training Specialist, Administration, 12/21/2020

Cabiness, Lexus Z, Epidemiologist, CD, 12/21/2020

Dube, Marilyn, Administrative Coordinator, Administration, 12/28/2020 (promotion)

Fulton, Sarah B, Nutrition Svcs Educator, WC, 12/7/2020

Handmaker, Karen E, Administrative Coordinator S4, COVID, 12/1/2020

Jones, Kendrick R, Communications Coordinator I, Administration, 12/21/2020

Rogers, Jan, S, Community Health Coordinator, CHE, 12/14/2020

Smith, Aletia T, Health Education Spec I, SEP, 12/21/2020 (promotion)

Fiscal

LMPHW is continuing to spend the \$19million we've been allocated under the CARES Act. We've been using the funds for our COVID-19 response operations including contact tracing, COVID-19 testing, monitoring, reporting, and enforcing COVID-19-related regulations and orders. The funds are also being used to pay for staff time spent on our response efforts. Metro's internal deadline for spending funds has been extended from December 30th to January 31st, allowing us to finish paying for much needed goods and services.

Metro's annual budget process has started. LMPHW was sent OMB's annual initial budget development documents and will be working with OMB over the next several months to develop our FY22 budget.

Communications

We're taking advantage of what is usually a "slow news" time of the year to fill news media broadcasts with all things related to the COVID vaccine. We have hosted two press events: 12/23 to publicly vaccinate first EMTs/paramedics and healthcare workers from Park DuValle, Shawnee Christian Healthcare Center and Family Health Centers....and Santa. On Monday, 12/18 we held a press event to vaccinate 10 local Black healthcare leaders and Rev. Kevin Cosby from St. Stephen Church blessed the event. All attendees wanted to be publicly vaccinated to share with their church congregations and others in their community to encourage others to get vaccinated.

Additionally, we held the weekly COVID briefings in spite of the holiday weeks, continued to push out press releases, pitch media stories, connect to other subject matter experts in the community and have planned a media availability on Monday, 1/4, for the opening of the Broadbent Arena mass vaccination site. We will make a public announcement of the members of the Vaccine Distribution Task Force the week of Jan. 4.

Our online COVID Resource Center has been updated to include a section on vaccines. It includes frequently asked questions, links to the CDC and KY vaccination sites, and a form that organizations can complete to request vaccinations.

The Stay Strong campaign continues. Average time on the website is 3 minutes per user. This is extremely high and means people are engaged with the content. One of the main goals was to draw people in to connect them with resources and information. Our Facebook strategy alone has reached over 300,000 unique people just for the month of November. In November more than 7,200,000 digital impressions were served across display, social and video placements. People continue to request yard signs, masks and stickers through the site. We have asked Fieldtrip to give us a proposal to enhance the campaign with vaccine messaging.

The Vaccine Communications Task Force will meet on Jan. 7. More than 40 community partners and representatives are enthusiastic and engaged. We have agreed on key messages, started a bank of subject matter experts and we are sharing media opportunities. We've also begun identifying key influencers who may be willing to become "Vaccine Champions." We're creating a Vaccine Champion social media toolkit for all to share widely and a list of numerous outreach and education tactics for specific populations and will ask various members to execute that particular strategy.

Our new social media specialist, Kendrick Jones, started on 12/21 and hit the ground running helping us live stream our vaccine events and quickly share vaccine and other important information via our social media channels.

Environmental Health, Public Health Preparedness and Laboratory

Childhood Lead Poisoning Prevention Program (CLPPP)

CLPPP has been awarded a position in the 2021 cohort of the National Leadership Academy for the Public's Health, operated by the Center for Health Leadership and Practice funded by the Centers for Disease Control and Prevention. The program is also in the final stage of hiring a new Community Health Supervisor to lead the program.

Mosquito Control Mosquito Control

All program assets have been winterized and put into storage. All team members have been reassigned to various functions within LMPHW's IMT Response to COVID-19. The Mosquito Control Team members have proven to be some of the most well rounded, experienced, willing, and adaptable Environmentalist I have worked with. They are always willing to take on new challenges, usually volunteering, and being help with whatever odd task placed in front of them.

Hazardous Material Response

Responded to 10 hazardous material callouts; twice the amount in October and November. Team members continue to support COVID-19 Compliance and Vaccine operations

Food Safety Program

The Food Safety Program's collaboration with the Office of Globalization and Jefferson Community and Technical College (JCTC) resulted in the generation of COVID-19 Compliance Workshops for

Multicultural Businesses to assist with advancing communication with immigrant owned establishments. The goal of the training was to assist with communication to advance compliance with the Governor's COVID Executive Orders and food safety requirements. JCTC and the Office of Globalization will be providing training to 50 immigrant-owned businesses in Louisville by December 31st.

As the chill of fall and winter weather descended on Louisville Metro, the beneficial aspect of outdoor dining to prevent the spread of COVID-19 dwindled as restaurant dining moved back indoors. Unfortunately, this move likely resulted in more infections as patrons continued to congregate in food service establishments. This led to another Executive Order from the Governor banning indoor dining for nearly a month. While most fast-food and drive-thru restaurants did not experience severe interruptions, many sit-down restaurants were scrambling to keep customers coming in spite of the colder weather. Tents began to appear next to or behind restaurants along with all sorts of heating methods to keep customers warm. Unfortunately, in order to be considered outdoor dining, these tents had to be more than 50% open on the sides. And so, tent flaps were closed, essentially making the space indoor dining again - and it was our job to convince operators to keep them open. 115 orders and/or citations were issued in our surveillance visits and complaint investigations. Referrals were made to the Fire Marshal regarding unapproved propane and other open-flame heating methods.

Public Facilities

In the early 1980's, LMPHW approved an ordinance as a concession for pool operators whose swimming facilities have a low volume of swimmers, to lessen the financial burden of requiring lifeguards but still offering safety precautions for swimmers. The ordinance was referred to the as "2 and 5 rule". The ordinance required at least two people in the pool, so they could monitor each other and there could not be more than five people at one time in order for the swimmers to maintain an awareness of each other. On December 2nd Metro Council voted to amend chapter 115 of the Louisville Metro Code of ordinance by adding new sections on water safety personnel and swimming facility requirements. The changes to the ordinances are listed below.

(C) Public swimming and bathing facilities with pools having less than 2000 sq. ft. of water surface area and five (5) feet or less in depth shall not be subject to the water safety personnel requirements unless the facility has unlocked access and/or allows bathers 16 years of age or under to enter the facility area without a responsible person 17 years of age or older.

(D) All public swimming and bathing facilities which do not provide a lifeguard must post and enforce the following rule: "No person may enter the facility area alone or swim alone."

(E) Pursuant to 902 KAR Section 14, all public swimming and bathing facilities which do not provide a lifeguard must have at least one flotation device accessible in the swimming pool area which can be rapidly deployed if needed. are required to provide the following:

(1) A U.S. Coast Guard approved ring buoy not more than fifteen (15) inches in diameter to which shall be attached a three-sixteenths (3/16) inch rope of length one and one-half (1 1/2) times the maximum pool width;

(2) A life pole or shepherd's crook type of pole having blunted ends with a minimum length of twelve (12) feet;

(3) One (1) plywood backboard with straps, made to the specifications of the American Red Cross for back and neck injuries.

The change in the ordinance will allow the facilities that have less than 2000 sq. ft of water surface to no longer adhere to the 2 and 5 rule nor the requirement to provide a lifeguard. In 2019, there were 185 pools that operated under the 2 and 5 rule.

Public Health Preparedness

Preparedness has transitioned into full Mass Vaccination Support Mode with the Broadbent Arena Drive Thru operation. All PHP Team members have key roles in the planning, setup, and operations of the vaccination event. During the coming weeks the Mass Vaccination operation will ramp up to 3,000 first dose vaccinations per week and will begin to accommodate an additional 3,000 second dose vaccinations as the 28-day cycle begins to take effect for the initial dose recipients.

Our COVID-19 response including the massive Community Testing Task Force effort has served to put a much clearer focus on the areas where PHP must reevaluate and devise better strategies and tactics for POD events in the Louisville Metro jurisdiction. We are participating in influenza calls and webinars and collaborating with community pharmacy partners and others who can assist in messaging, hosting vaccination events, and providing resources to alert high-risk populations of the need for vaccinations. Our COVID-19 vaccination messaging and event planning will rely heavily on community partners, stakeholders, and key faith leaders to gain maximum coverage and acceptance of the vaccine.

LMPHW PHP personnel will remain in FULL ACTIVATION mode supporting the LMPHW Centric COVID-19 Mass Vaccination Response for as long as the need for these vaccinations exists.

Laboratory

The LMPHW lab has tested 959 nasopharyngeal swab samples for SARS-CoV-2 using real time PCR in the month of December 2020. 60 of those samples tested positive for SARS-CoV-2, which translates to an LMPHW Lab internal positivity rate of 6.26%.

The breakdown of sample submission was as follows:

779 – LMDC

151 – 1st Responders

24 – Maplewood Apartments Special Testing Event

5 – Wayside Christian Mission (Binax Now Antigen testing confirmations)

The lab also continues to support the community by performing STI, urine drug screen, blood lead and *M. tuberculosis* testing.

Center for Health Equity

COVID-19, Health Economist, Academic Health

For the COVID-19 Response, Center for Health Equity continues to be the main staffing for the Policy and Planning branch of the response. We have been providing support such as creating the structure for the vaccination work and supporting our Director of Communications with the Vaccine Communications taskforce. We continue to work on process improvements to our operations and develop projects and partnerships that will improve root causes of health in the community, such as the \$10 million utility relief proposal which was approved by Metro Council.

Health Equity Report (HER) is well underway. The Community Advisory Board has developed a comprehensive vision for Louisville, and provided feedback on a community engagement plan, which

CHE staff is working on.

Health Economist Dr. Seyed Karimi worked with LMPHW and the UofL School of Public Health and Information Sciences (SPHIS) on conducting the second wave of the observational survey of mask use in Jefferson County (JC). All reports can be found [here](#).

The Academic Health Department Coordinator (AHD), Dr. Linda Omer, continues to recruit practicum students for the spring semester and is finalizing options for in-person and virtual capstone opportunities for undergraduate public health students in the spring.

Challenges: Balancing priorities with ongoing health equity work and COVID, having long-term funding sources for COVID-response work that supports not just response infrastructure but communities who have been negatively impacted.

Proposed Solutions: Continued advocacy and support from Board of Health on policy issues.

Strategic Partnerships and Program Transformation

Title V – Maternal and Child Health –Jan Rogers was onboarded December 14 as the new Maternal and Child Health Coordinator. In addition to her community engagement work for the Cribs for Kids Safe Sleep and Prevention of Abusive Head Trauma projects, Jan will support engagement for the 2021 Health Equity Report.

Cribs for Kids Safe Sleep Program – Program transformation includes prioritizing birthing hospitals as primary sources for families to receive a Pack’N Play portable crib with safe sleep training. “Equity partners”—including La Casita Center, Americana Community Center, Catholic Charities, and KY Refugee Ministries—are also equipped to provide Pack’N Plays and culturally-appropriate education for families they serve.

COVID Birth Equity Project – Using CARES funding secured by LMPHW, Julia Richerson, MD, Family Health Centers, completed interviews with Latinas about their hospital experiences giving birth during the pandemic. LMPHW will analyze the data.

COVID School Support – Successfully transitioned case reporting, contact tracing and support for JCPS, Archdiocesan and private/independent schools from LMPHW staff to Lacuna Health.

Ready for Kindergarten Alliance – New vision statement (12/2020) is “All children enter kindergarten ready to thrive,” which includes a new “Healthy Development” outcome goal focused on prenatal to three. LMPHW is collaborating with Metro United Way, Visually Impaired Preschool Services, with support from the Greater Louisville Project to engage women of Color to identify a policy or institutional practice change that gets to “early and equitable access to prenatal care”.

Senior Medicare Patrol – Statewide, Louisville Metro and the five SMP subrecipient agencies completed 816 work and training hours; 5 virtual group outreach and education events that reached 148 people; and provided 104 one-on-one interactions. The KY SMP semi-annual report (June 2020 – November 2020) was completed and submitted to the Administration for Community Living (ACL).

Challenge: To create realistic performance measure goals for 2021.

Proposed Solutions: Ask each subrecipient to increase one 2020 performance measure and develop strategies for successful implementation. Discuss ideas and monitor progress during monthly conference calls.

Performance Improvement

The 2014-2018 Vital Statistics Report for Jefferson County is under review by the data team. Work on the data components of the 2021 Health Equity Report has begun.

The team has supported the COVID-19 response in several ways including: data sharing with University of Chicago on contact tracing project, creation of an Essential Needs Branch Dashboard and vaccine IT/documentation work.

The data team is also supporting LMPHW's reaccreditation work.

Board Action Required: U of L's Envirome Institute, community champion of Healthy Louisville 2025's environmental equity goal, has been solely focused on COVID19 research, so we are recruiting additional community partners. If the board has connections in this space, please reach out to Angela Graham.

Health Services

MORE Center

The current census is 195 (down from 199 last month). The State Opioid Treatment Authority (SOTA) approved the MORE Center's waiver to allow us to provide Opioid Use Disorder treatment at the Louisville Metro Department of Corrections. This waiver will permit the MORE Center to provide Methadone Maintenance Treatment for inmates through a memorandum of agreement with LMDC. Priority will be given to pregnant women but gradually extend to treatment for any inmate currently engaged in Medication Assisted Treatment with methadone and then to any inmate with Opiate Use Disorder interested in and eligible for treatment with methadone.

Specialty Clinic

- 215 patients (up from 201 last month), including 51 fast track patients
- 29 Treatment only
- 171 HIV tests performed with 1 positive patients (no change from last month)
- 96 HCV tests performed, with 2 positive patients (up from 87 last month)
- 18 positive Chlamydia (down from 26 last month)
- 16 positive Gonorrhea (down from 18 last month)
- 0 positive Herpes (down from 1 last month)
- 14 positive Syphilis (up from 10 last month)

Communicable/Reportable Diseases

Reportable Condition Investigation Count:

2019 Novel Coronavirus (2019-nCoV) 11,929

Campylobacteriosis 2

Salmonellosis (excluding S. typhi/paratyphi) 2
Shiga toxin-producing Escherichia coli (STEC) 1
Shigellosis 4
Sum: 11,938

TB Clinic

- 23 Reported Jefferson County Cases Calendar Year 2020 (up from 22 last month)
- 20 Actively open cases in the previous month: (17) Jefferson, (2) Bullitt, (1) Henry (up from 19 last month)
- 0 additional Suspect on RIPE (TB meds)
- 6 Jefferson County cases closed (up from 4 last month)
- 11 contact investigations for the previous month: (9) Jefferson, (1) Henry, (1) Bullitt (no change from last month)
- 7 possible suspects in Jefferson county not on RIPE (up from 6 last month)
- 4 Suspects ruled out (down from 5 last month)

WIC

Participation continues to increase from October's 13,459 to November's 13,806. Enrollment is also staying steady from 14,173 in October to 14,130 in November. Our newest site, Fairdale, continues to increase from 419 in October to 450 in November.

WIC Breastfeeding

- 60 Peer counselor referrals from WIC (down from 68 last month)
- 84 contracts made by peer counselors to patients (up from 76 last month)
- No breastfeeding classes held related to Covid

Healthy Start

- 172 Active Clients (up from 157 last month)
- 29 new referrals (no change from last month)

Staff are working from home and contacting all clients and referrals, increasing presence with Zoom programs and referring clients to nortonbaby.com and other sources, for online prenatal, breastfeeding classes, and hospital tours. We are actively working with Norton Healthcare and Norton Pediatricians to design a plan to increase referrals to HS. Peers and manager are also working to increase enrollment now with full staff. We are working on a new referral form, promotional literature, and updating our website.

HIV Prevention

- HIV Testing: 37 Total, 37 Negative, 0 Reactive (last month: 93,93,0)
- HCV Testing: 5 Total, 5 Negative, 0 Reactive (last month 19,9,10)
- 1820 condoms distributed to community (down from 3200 last month)

COVID19 continues to prevent expansive community outreach. We are reimagining effective outreach strategies and other ways to increase HIV Prevention with educational programming and thinking about our role with PrEP access. We plan to increase our contacts with other partners, such as the 550 clinic.

Syringe Exchange

- 2943 total visits (down from 3698 last month)
- 1988 unique participants (down from 2236 last month)
- 153,578 syringes collected (down from 191,821 last month)
- 259,585 syringes provided (down from 243,055 last month)
- 1466 (74%) drug of choice Heroin (down from 1598 last month)
- 1143 (58%) drug of choice Methamphetamine (down from 1307 last month)
- Working on restarting the Participant Advisory Board.