



JOURNEY TO 10,000

Follow-Up to the Journey to 1000



Angela D. Alsobrooks
County Executive

**HEALTH
DEPARTMENT**
Prince George's County

HSInternational
PROVIDING EXCELLENCE IN SERVICE

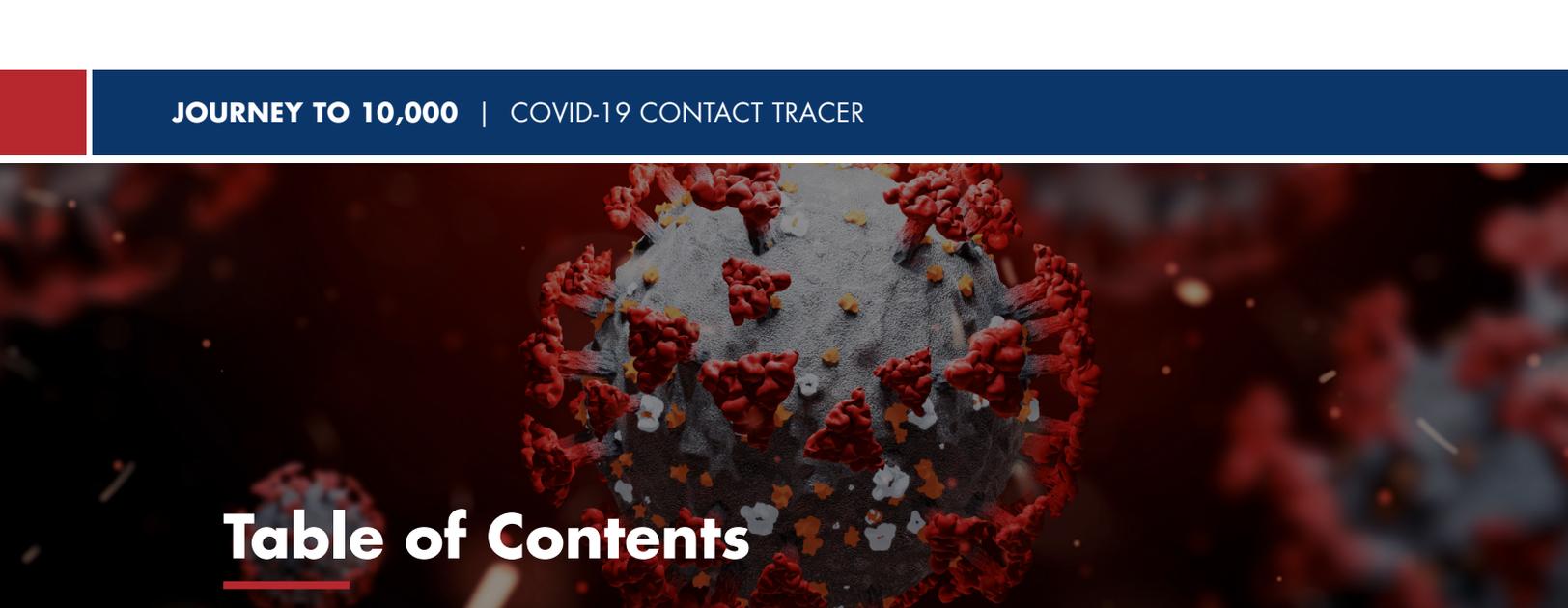


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Foreword

I am pleased to introduce the latest update on our contact tracing program in Prince George's County. From the program's inception at the beginning of the global pandemic, the Prince George's County Health Department, in partnership with HealthCare Dynamics (HCDI), has been at the forefront of contact tracing and efforts to mitigate and stop the spread of COVID-19. This report showcases the many ways in which we have implemented strategies to slow and stop the spread in Prince George's County. As COVID-19 continues to threaten our community, we have continuously updated our practices and processes that allow us to identify and reach as many individuals as possible and to ensure we pay special attention to the most vulnerable in our community.

I invite you to read about the exciting work that we are doing to help stop the spread of COVID-19 in our community, not only through contact tracing, but through communications, community outreach, and other areas which are touched upon in the report. Through 35 years of service with the Prince George's County Health Department, I am committed to protecting the public health of the community and commend the efforts of all that have contributed to these efforts in stopping the spread of COVID-19 in our county.

Angela Crankfield-Edmond

PROGRAM CHIEF

Prince George's County Health Department

Communicable and Vector-borne Disease Control

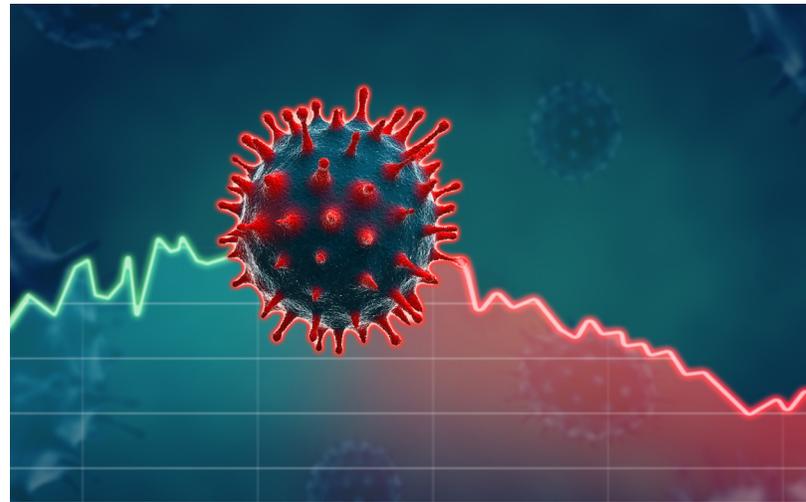
A Look Back: A Summary of Journey to 1,000

The journey of closing out the first 1,000 COVID-19 cases in Prince George’s County was part of the pathway and process which led HealthCare Dynamics International (HCDI) to developing best practices and continuous improvement for contact tracing in this important initiative to stop the spread of COVID-19.

The developed contact tracing workflow, training, data collection, and other processes evolved from a constant quality improvement, directed by lessons learned and feedback from the tracers. Contact tracers continue to be trained to encompass a wide variety of skills and the most up to date knowledge about COVID-19, contact tracing, as well as a focus on interpersonal skills and cultural sensitivity and competency. Our contact tracing approach values the importance of looking at each contact as an individual and not a number by following the script word for word, but building rapport with individuals and household members. This approach to contact tracing not only improves our calls but builds trust with the community.

Our training curriculum has evolved into a customized and integrated approach using best practices of evidence-based strategies from verified sources and leading institutions. Following the guidance of the Centers for Disease Control and Prevention (CDC) and thorough training on the systems and software used within contact tracing, our contact tracers go through a rigorous eight-day onboarding period of varied trainings to best equip them to handle contact tracing work, culminating with a mock interview replicating a contact tracing call.

All COVID-19 cases were initially received as paper files, including laboratory results and hospital discharge paperwork, with a need to develop quality control processes including verification of data entry, copying, scanning, and uploading the files into Microsoft SharePoint. Contact tracers were assigned paper case files and initially required to obtain and track pertinent information in MS Excel before transitioning to the covidLINK software. This transition allowed cases to be both assigned and called online through salesforce and AWS with Microsoft Forms,



taking the place of excel sheets to collect key data points regarding call outcomes and race, ethnicity, and language (REaL) data. These new processes were all implemented into our training program and are continuously improved and updated as the system adapts. HCDI ensures our focus is having full working knowledge of the software and process to ensure the most effective calls for our tracers and the best possible experience for those we contact.

By always using a Human-Centered design approach in the design and development of our solutions, we become a trusted source within the communities in which we work and to the individuals we reach. Realizing communities of color — particularly African Americans and Latinos — are disproportionately affected by COVID-19 and have experienced longstanding disparities in healthcare, HCDI has been committed to building trust in those communities. This commitment is reflected in our contact tracing practices, including hiring multilingual staff with an emphasis on Spanish speaking contact tracers and proactively working to engage those communities.

Introduction: The Journey from 1,000 to 10,000:

From 1,000 cases closed to over 10,000 interviews completed, HCDI’s contact tracing journey has evolved in our processes, technology, understanding, and strategies. Our approach has never changed. Our mission of improving the quality of health for all, especially vulnerable populations, continues to hold true as we carry on with our work to stop

the spread of COVID-19 in our community, taking as always, a human-centered and data-driven approach to best assist in slowing and preventing the spread of COVID-19.

Dedicated to achieving a better quality of health care, and of life for all, especially vulnerable populations, the project management team at HCDI leads and organizes projects from initiation to project completion and implementing achievable goals resulting in positive outcomes. Employing a diverse team of project managers who are knowledgeable, organized, effective problem-solvers, great communicators, and strong leaders have contributed to the success of our extensive catalog of projects. Through weekly meetings with our project management team and bi-weekly meetings with all contact tracing staff, as well as regular contact and check-in with the team at Prince George's County Health Department, we ensure our contact tracing work is always the most effective and efficient.

Originally the singular measure used to evaluate the progress of our contact tracing efforts was cases closed, however as we created more systems for reviewing data, we were able to learn that monitoring the number of interviews completed was a better indication of how many cases and contacts we were able to reach, as cases can also be closed due to other circumstances such as individuals being unreachable.

From an ever-evolving covidLINK system to constant changes in case numbers and spikes, as well as updates on incoming vaccines, our team has been changing and adapting to the climate to ensure the most up to date knowledge is influencing our daily contact tracing operations.

Updates

Training

As part of HCDI's continuous improvement and to better understand the effectiveness of our contact tracing program, the HCDI Training Team developed an overall training evaluation in which the findings revealed how effective the curriculum and content were to incoming contact tracers. Results provided to the Training Team allowed for the future planning of curriculum revisions and updates for the ongoing success of future Cohorts.



The results showed that 100% of Cohort 5 and 95% of Cohort 6 were “very satisfied” with the training and curriculum. 100% of Cohort 5 and 95 % of Cohort 6 “believed training was effective and very interactively fun.” Furthermore, 100% of Cohort 7 and 96% of Cohort 8 were “satisfied” with the presenters, training, and curriculum. From the results, the evolved training curriculum is highly effective in preparing incoming trainees to be successful and effective within their roles as contact tracers; however, after further review of the contact tracing and case investigator scripts, it was helpful to the trainees to re-align the script to the updated covidLINK script. It was also concluded that further instructional training of covidLINK was helpful and would increase the trainees' comfort level.

Post training mentoring session is a new process initiated whereby mentoring partners were assigned to assist with navigating the covidLINK software and observe interviews being completed. Feedback from mentors suggested using the software and seeing the interviews completed in real time was the most effective way to further learn and reduce anxiety for first-time contact tracers. After mentoring sessions, all evaluation tools are reviewed and revised, as needed.

Peer Experiences

Part of HCDI's continuous improvement process is to learn from the contact tracers. This relies on constant feedback from their experiences. Hearing real experiences allows other tracers to learn from their peers on ways to handle challenging situations, encouraging statements from cases

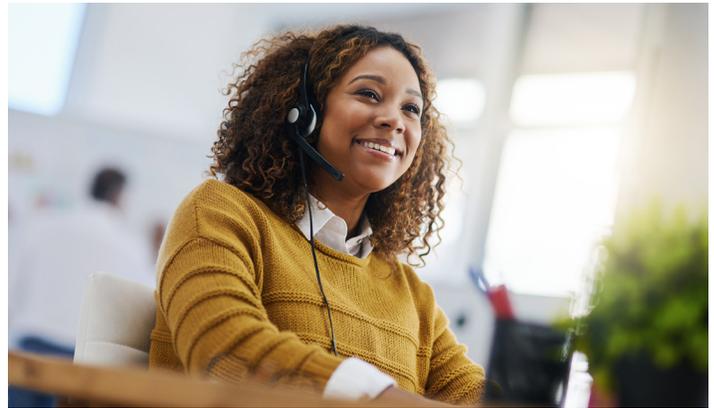
and contacts, and other scenarios to improve and enrich their own contact tracing work. These stories from the field also inform the trainers about training topics that may be helpful to implement, such as grief management and conflict management which have been implemented into later cohorts' trainings. For this reason, a peer experiences form was integrated into the contact tracer routine. It is submitted weekly, including unusual, difficult, or rewarding experiences to share with the team.

These are a few experiences from our tracers that demonstrate our focus and commitment to reaching the individual past the ID number:

1. "I just received a call from a PUI (person under investigation, or "case") who is from Pakistan. He was planning on going back with his daughter to visit. They were required to take a COVID test, and both tested positive. Neither of them had any idea they had the virus. Instead of being angry and upset, he was so appreciative of all the calls and concern he had received. He said that the USA is the best country in the world. He said they would not follow up like we have in many other countries. He also talked about how it does not matter our faith or background, we are all human beings and need to look out for each other. With all the negativity and despair right now, it was really nice to hear someone who was just so grateful for everything."
2. "Had a case that was very emotional and told me about her struggles with mental health. She started to have a breakdown and cry on the phone because she was unable to reach her doctor and was worried about what to do, but I was able to calm her down. I answered all her questions calmly and built a rapport with her on family, pets, and mutual mental health; by the end, she was laughing and thanking me for taking the time to speak with her and for my kindness. I myself got choked up by the end of the call. It is moments like this that make me honored and grateful to do my job."

Hotline

In collaboration with the County Health Department, HCDI added a hotline that redirected inbound routed calls from the Health Department directly to a team of contact tracers at HCDI. The hotline consists of two teams, an English-speaking Team and a Spanish-speaking Team, that receive calls respectively to their teams by language. The teams



field calls from individuals calling the Health Department COVID-19 hotline for an array of questions and concerns regarding COVID-19 and Contact Tracing, including but not limited to:

- » How to obtain a COVID-19 test
- » COVID-19 test results
- » Business complaints regarding compliance
- » Uninsured individuals needing testing and/or insurance
- » COVID-19 cases contacts returning a call from a contact tracer
- » Requesting quarantine/isolation guidance or return to work letters
- » Quarantine/isolation guidance and next steps
- » Information about resources
- » Influenza guidance
- » General questions

The HCDI COVID-19 Hotline Team consists of are fully trained contact tracers who have additionally agreed to take calls from the hotline. The incoming calls route directly to one of these team members and, when not available, will immediately route to another hotline team member. The implementation of the hotline allows HCDI's contact tracers to directly answer questions and complete interviews with cases and contacts who were previously unreachable and, thus, contributed to the efficacy of the contact tracing program.

CASA de Maryland:

Knowing that one of the most common language in the County is Spanish, we made a significant effort to increase our Spanish-speaking interviews. In addition to hiring more tracers to fulfill that need, the County Health Department also leveraged an existing partnership with CASA De

Ethnicity (09/11/2020 - 12/31/2020)

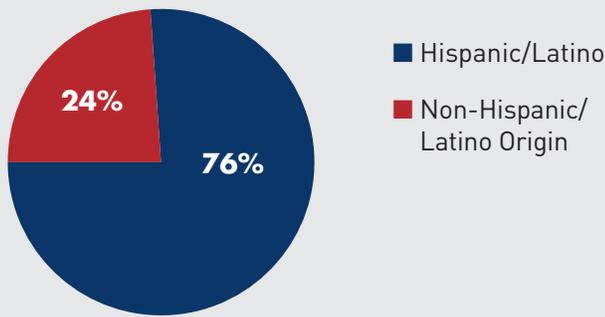


Figure 1.5 A Total of 1,121 cases identified their ethnicity. 76% (849) of cases identified as Hispanic/Latino compared to 24% (272) of cases who identified as Non-Hispanic/Latino

to the Health Department. The data collected in the form displayed that, of the cases handled by the CASA Team who identified their ethnicity, 76% of those were Hispanic/Latino compared to 24% who identified as non-Hispanic/Latino (Figure 1.5). In total, from September 11th to December 31st, the CASA Team was able to make a total of 5,171 calls, complete 1,659 interviews, and reach a total of 1,739 cases (Figure 1.6).

Volunteers

Managing Volunteers:

Tasked with managing volunteers, the HCDI Management Team supervised and managed volunteer schedules in the Fall of 2020. All volunteers received an initial orientation to discuss volunteer schedules, confidentiality training, and to ensure all volunteers successfully retrieved their equipment and gained access to the covidLINK system. All volunteers received technical support and additional guidance, as needed. Volunteer hours were tracked weekly and reported to the Health Department.

Challenges Encountered:

The volunteers expressed important characteristics learned during their journey of contact tracing. Key terms such as perseverance, flexibility, and mental agility described character-building traits each volunteer should possess to contact trace. Even though volunteers were unsure of their ability to perform the role as a contact tracer, their individualized journeys taught them the importance of educating themselves on the content and seeking additional support and assistance when needed.

Benefits of Volunteering:

The volunteer experience exposed individuals to current knowledge surrounding the COVID-19 pandemic. Community and public health education were well-valued by all volunteers. Some strongly suggested their experience as contact tracers allowed them the space to educate themselves and those in their communities. Volunteers were asked to describe their experience using one word. Positive and inspiring words such as rewarding, eye-opening, meaningful, humbling, insightful, and grateful truly captured the effectiveness of all volunteers' contact tracing experiences. Providing volunteers with a referral sheet and brief resource page was highly recommended to ensure volunteers were able to navigate and answer questions.

CASA Secondary Contact Tracing (09/11/2020 - 12/31/2020)	Total Cases
Total Number of Calls	5171
Interview Completed - Cases Cleared	698
Interview Completed - Cases Closed	57
Total Interviews Completed	1659
Cases Closed Without Interview	312
Total Cases Closed	347
Total Cases Reached	1739

Figure 1.6: Overview of CASA Secondary Contact Tracing measured by total number of calls, cases cleared, cases closed, total interviews completed, and total cases reached.

Maryland to meet the needs of this community. Ten additional Spanish-speaking tracers were added to the Health Department's team of contact tracers. These ten tracers completed training and passed their mock assessments.

To ensure the HCDI contact tracers and CASA Team were coordinated, HCDI selected one of their most successful Spanish-speakers to help lead the CASA Team. A help desk email was created for the team to use to submit questions. Not too long after this was implemented, it was clear that the team needed a more hands-on approach. Weekly calls were planned to create better lines of communication with the team. These calls were used for training on changes to CDC guidance and process and changes to covidLINK, etc. Furthermore, an open Q&A session was always included at the end of the meetings to solicit inquiries from the CASA Team.

In addition to the daily and weekly collaboration, HCDI's Data Analytics Manager created a form to collect the CASA Team's performance and other data for weekly reporting



Volunteer Feedback:

HCDI collected qualitative and quantitative data to understand volunteers’ experiences with contact tracing to strengthen both the Health Department and HCDI’s role in supporting existing and future volunteers. The feedback explored volunteers’ benefits and challenges, what volunteers enjoyed most from the experience, the impact volunteering had on their lives, and how volunteers plan to carry on the work of contact tracing. Most volunteers (92%) indicated their volunteer work did contribute a great deal to their lives and the lives of others around them. Volunteers expressed the importance of building positive rapport with cases and contacts which can be achieved through active listening, asking questions to clarify, and gathering as much information as possible. Some of the most valuable tips shared amongst volunteers through their experience was the idea of “Relationship before transaction” and the importance of developing a connection with the case/contact.

Virtual Volunteer Celebration:

Honoring over 60 student volunteers, HCDI creatively facilitated a virtual volunteer celebration on behalf of the Health Department. Celebrating the significant contributions from local college students emphasized the importance of contact tracing. All the volunteers’ dedication and willingness to serve culminated in a virtual award ceremony where volunteers were presented with a personalized certificate and stipend. Attending volunteers were delighted and expressed overwhelming gratitude and appreciation for the kind gesture shown by the Health Department and HCDI.

Escalation Response

Within daily contact tracing operations, it is necessary that some cases and contacts are escalated (identification

of a case that is high-risk and requires further follow-up on behalf of the Health Department), which requires gathering additional information and follow up, as well as notifying the Health Department or proper individual of the case or exposure. Contact tracers are required to escalate all cases considered high-risk to management in a timely and orderly fashion. Scenarios that require escalation include:

- » High-risk cases
- » Cases/contacts that work in, visit, attend, or have been a resident of any high-risk location
- » Cases/contacts that have been hospitalized
- » Cases/contacts that are deceased
- » High-risk locations: Nursing Homes, Assisted Living Facilities, Independent Living Facilities, Correctional Facilities, Dialysis Centers, Group Homes, Homeless Shelters, Daycares, Child Care or Preschools, Camps, PreK-12 Schools, College or Universities
- » Any business that a Case/Contact has attended while symptomatic during their infectious period

Caring for Your Health™ e-Tool (CFYH) and COVID Care Program

The ‘Caring for Your Health’ Social Determinants Indicator e-Tool (CFYH) was implemented into our contact tracing efforts by sending the CFYH Resource follow-up online survey to cases and contacts who were reached through contact tracing calls. This tool allows HCDI to respond to the social determinants of the individuals. The surveys are sent following an interview, and a CFYH Team of contact tracers follows up with individuals who complete the surveys to assist with any needed social support as indicated by the survey responses.

The Health Department’s COVID Care Program is for residents who have been exposed to COVID-19 or who are COVID-19 positive and require additional assistance. Individuals can apply via a referral form for the COVID Care Program with pressing needs such as:

- » Accessing primary health care
- » Accessing insurance information
- » Accessing mental health care
- » Food insecurities
- » Living situation
- » Utilities
- » Transportation

Isolation and Quarantine Assistance:

- » The County delivers COVID Care Kits to the homes of people who consent to COVID Care Kits that include Personal Protective Equipment (PPE), cleaning supplies, tissues, toilet paper, and educational materials.
- » Food insecure residents also receive a two-week supply of food, including fresh produce, canned goods, and kitchen staples such as bread, tortillas, and rice.
- » People who qualify for the COVID Care Program are contacted by a Community Health Worker from the Prince George’s Healthcare Alliance to receive the needed assistance.

Communications

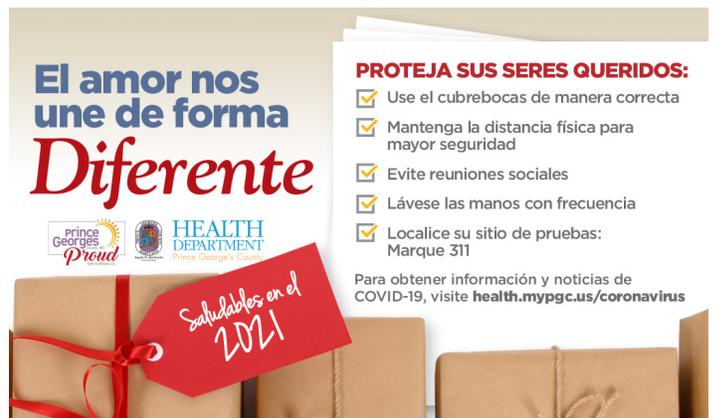
Informing communities about the risks associated with COVID-19 and measures they can take to protect themselves, their families, and their communities is key to slowing and stopping the spread of COVID-19. Information is the most valuable resource to enable communities and individuals to make informed health decisions to protect themselves and their loved ones from COVID-19 and to prevent potentially dangerous misinformation.

Answer the call

A series of different tactics have been implemented around the country, state, and county urging people to “answer the call.” From community outreach and flyer distribution to numerous and varied social media posts, the county is deploying messaging about contact tracing and the importance of taking the call. Campaigns on all platforms encourage users throughout the state to pick-up the call when their caller ID states “MD COVID.” This Caller ID alerts state residents that the call is from a contact tracer and alleviates anxiety about possible fraud. This has improved our contact tracing call pick-up rate and has allowed HCDI to complete more interviews and reach more people.

The MD COVID Alert app uses exposure notification technology to notify users who may have been exposed to an infected person. HCDI’s contact tracers are educating and encouraging cases and contacts to download or subscribe to the mobile application. Within a week of its release in mid-November, over one million Marylanders subscribed, aiding in the self-accountability and widespread knowledge of contact tracing.

Social Media as a source of information and guidance In addition to the answer the call messaging, several social media campaigns and hashtags have been employed state and county wide to encourage CDC guidance and prevention measures such as #maskupmaryland, #Marylandstrong, #KeeponMaryland, and #maskupprincegeorges, among other nationwide and worldwide campaigns such as #stayhome and #staysafe. HCDI, in partnership with the



Health Department, have created and shared content in both English and Spanish between our combined social media platforms to encourage proper guidance is communicated and to be a trusted source of accurate and scientifically proven information. The above are two examples of graphics in both English and Spanish that encourages proper safety protocols to protect your loved ones and directs them to trusted more information.

Influenza Messaging

In combination with COVID-19 information and prevention messaging this fall, messaging around influenza and the importance of obtaining the influenza vaccine has been widely shared. This has been key in encouraging flu

vaccinations, particularly during this pandemic when many of the symptoms of influenza overlap with those of COVID-19. This has led to the implementation of an additional step in our contact tracing calls; asking cases and contacts if they had received an influenza vaccine. Results show that between September and December, 29% of respondents had received the influenza vaccine for the 2020-2021 influenza season thus far, compared with the 2019-2020 national average of 51.8% according to the CDC. This significant difference could be attributed to the percentage of cases and contacts we reached, especially those who responded to this question from Hispanic or African American origin, who have statistically lower flu vaccination rates. The rates of influenza vaccinations for Hispanics and African Americans for the 2019-2020 influenza season was 38.3% and 41.2%, respectively. Data collected directly contributed to the subsequent development of added content about the influenza vaccine and the safety and efficacy of such preventative measures, particularly in social media.

Outreach

As a healthcare organization committed to improving the quality of health for all, and as part of our social responsibility to meet the needs of the local community, especially vulnerable populations, HCDI has completed various outreach events throughout the Fall of 2020. Such efforts have been geared primarily towards Latino populations disproportionately affected by COVID-19 in the county and throughout the country.

Hispanic Heritage

During Hispanic Heritage month, which ran from September 15th - October 15th, HCDI conducted five outreach events within the county to increase awareness, knowledge, and understanding of COVID-19 in the Hispanic population. Through both community outreach and tabling events, HCDI supplied educational materials about COVID-19, testing information, and various resources offered by the local Health Department and HCDI. HCDI conducted an environmental scan of the highest Spanish speaking population in the County and held events at the following locations:

1. Langley Park Plaza, Takoma Park, MD
2. Mega Mart, Hyattsville, MD
3. Plaza Del Alamo, Hyattsville, MD
4. Mega Mart, Takoma Park, MD
5. Farmer's Market, Takoma Park, MD



Efforts consisted of targeting specific zip codes and developing relationships with local Hispanic and Latino owned businesses within the county and most populated with Hispanic persons. Through purposeful collaboration, we brought an awareness through education to the Hispanic-Latino community on:

- » Relevant COVID-19 information
- » Role of contact tracing
- » Testing resources
- » Available resources including information on health insurance.
- » Effective strategies for eliminating the spread of COVID-19 in the county

Using an electronic survey, we were able to reach over 215 Hispanic families to ascertain their existing knowledge about COVID-19. The variables measured were a mix of open-ended responses, Yes and No answers, and a five-point scale with five representing “extremely comfortable” to one representing “not comfortable at all.” The electronic survey covered six focal points, which are listed as follows:

- » Understanding one’s comfort level with speaking the English language
- » Understanding of Contact Tracing
- » Knowing the difference between quarantine and isolation
- » Privacy of their information during contact tracing
- » Knowing the difference between race and nationality
- » Identifying country of birth

The results of this survey concluded only 29.77% of respondents knew what a contact tracer was compared to 68.37% who did not. Notably, a significant percentage (87.91%) of respondents expressed understanding and knowledge of the difference in the meaning of quarantine and isolation. The findings also revealed that 77.21% of those

who responded did not know what Contact Tracers will never ask them compared to 22.33% who did know what to expect. Relating to diversity, most respondents originated from Guatemala (39.64%) or El Salvador (38.46%). Surprisingly, only 26.05% of the respondents stated that they know the difference between race and nationality, whereas 48.84% did not answer, and 25.12% indicated they did not see the difference. Only 19.07% felt very comfortable speaking English compared to 42.33% who felt somewhat comfortable and 38.60% were not comfortable speaking English at all. Existing language barriers may relate to a lack of knowledge, awareness, and understanding of the importance of contact tracing and the existing resources available to families within the county. The outreach event's conclusions call for more tailored education on the impact of COVID-19 and how to stop the spread of COVID-19 collectively to minority communities.

County Testing

In addition to Hispanic Heritage Month outreach events, HCDI held a number of additional outreach events to predominantly Hispanic and Latino communities throughout the remainder of October and November. Outreach staff went to various high traffic Latino-majority locations to distribute and provide additional information on the county's COVID-19 testing locations, and contact tracing, including distributing 1,000 flyers in Spanish and English with locations of county testing sites. Some of the information given was specific to contact tracing to ensure individuals knew about contact tracing and how to discern if the call was legitimate, emphasizing specific information regarding immigration status never being a part of a contact tracing call. Below are examples of a bilingual flyer created to encourage Prince George's County residents to get tested and educate them on where and when they could get tested.

All outreach events succeeded in highlighting the ongoing need for culturally appropriate health education, health promotion, and health literacy for the Hispanic communities in the county. Based on the analysis, there are significant gaps in the knowledge and awareness of the role and importance of contact tracing in stopping the spread of COVID-19 in the Hispanic/Latino community.

Data Analysis

Throughout this journey, 28,788 COVID-19 cases were reached, 24,498 cases were interviewed, 11,969 cases were

**GET TESTED!
IT'S FREE!**

**Testing sites open as of
OCTOBER 1ST:**

First United Methodist Church of Hyattsville
6201 Belcrest Rd., Hyattsville, MD 20782
Monday, Thursday, and Saturday,
9 a.m. to 3 p.m.

Cheverly Health Center
3003 Hospital Drive, Cheverly, MD 20785
Monday - Thursday, 9 a.m. to 3:30 p.m.

Adventist Medical Group
10709 Indian Head Highway, Suite D
Fort Washington, MD 20744
Monday, Tuesday, and Friday,
7:30 a.m. to 11:30 a.m.

D. Leonard Dyer Regional Health Center
9314 Piscataway Road, Clinton, MD 20735
Monday - Friday, 9 a.m. to 3:30 p.m.

**No appointment needed.
Questions? Call 311**

**¡HAZTE LA PRUEBA!
¡ES GRATIS!**

**No se preguntará sobre
su estatus migratorio**

**Los sitios de pruebas
abiertos a partir del
1 DE OCTUBRE:**

First United Methodist Church of Hyattsville
6201 Belcrest Rd., Hyattsville, MD 20782
Lunes, Jueves, y Sábados, 9 a.m. a 3 p.m.

Cheverly Health Center
3003 Hospital Drive, Cheverly, MD 20785
Lunes - Jueves, 9 a.m. a 3:30 p.m.

Adventist Medical Group
10709 Indian Head Highway, Suite D
Fort Washington, MD 20744
Lunes, Martes, y Viernes,
7:30 a.m. a 11:30 a.m.

D. Leonard Dyer Regional Health Center
9314 Piscataway Road, Clinton, MD 20735
Lunes - Viernes, 9 a.m. a 3:30 p.m.

**No se necesita cita.
Para preguntas llamar al 311**



HCDI Secondary Contact Tracing (06/15/2020 - 12/31/2020)

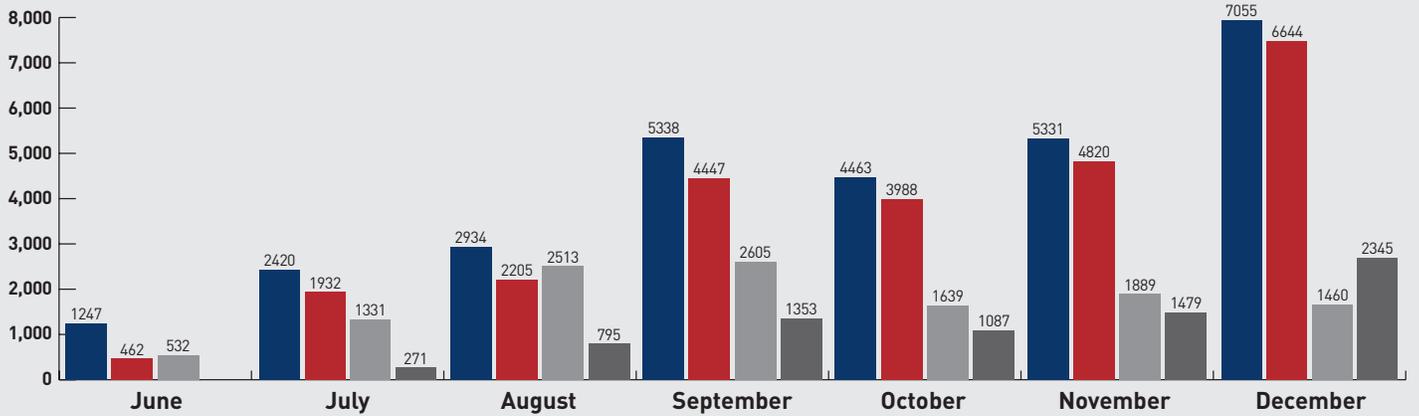


Figure 1.1 HCDI Secondary Contact Tracing monthly comparison of cases reached, completed interviews, cases closed, and cases cleared.

closed, and 7,330 cases have been cleared (Figure 1.1). From the past six months, the HCDI Contact Tracing Team has an average monthly growth rate of 39% for cases reached, 80% for completing interviews, 33% for closing cases, and 68% for clearing cases. An increase in average monthly growth can be attributed to several factors, both internal and external. Internal factors include a transition from a limited number of paper cases to utilizing covidLINK, the addition of new contact tracing cohorts, progressive training, and increasing workflow efficiencies using best practices. External factors include an average monthly increase of 24% in indoor retail/shopping from August to November and an average monthly increase of 37% for family gatherings from August to December.

CRISP Death Records

Utilizing the Chesapeake Regional Information System for our Patients (CRISP) system, the HCDI Data Entry Contact Tracing Team (Data Team) receives instructions and serves as the access point for licensed clinical providers. The Data Team has obtained over 800 Death Records for which they look up the case, collect all necessary information, and enter all death records into the HCDI-CRISP Form. After records are verified to ensure all needed information was collected and accurately submitted into the HCDI-CRISP Form, the Data Team will begin entering the data into the National Electronic Disease Surveillance System NEDSS database.

NEDSS: The Wonderful World of Data Entry

The Data Team consists of ten+ well-trained and enthusiastic contact tracers tasked with verifying and



entering over 2,500 COVID-related case files into the NEDSS database. NEDSS facilitates the electronic transfer of public health surveillance data from the regional healthcare data warehouse to public health departments. Upon receiving all case files, HCDI established a process for verifying, scanning, and entering the information correctly into NEDSS. The method of validating and scanning all paper cases was ensured by establishing an accurate tracking through first alphabetizing cases by the last name into a shared location.

The staff received thorough training to examine and report necessary information from various case files and electronic lab records (ELR), and escalating classified (duplicates, no electronic or paper ELR, etc.) case files to the Health Department. The Data Team is assigned case files daily for data entry, where they enter each case into the HCDI-NEDSS Form for verification and escalate for reporting, if

necessary. Case files that require a new open investigation were assembled and verified as cases requiring an open investigation in NEDSS.

Analysis

A comparison from the initial 1,000 cases closed to the current 10,000 interviews completed presented a change in several factors in terms of population trends. When comparing sex demographics between the two time periods, 49.0% of the 1,000 cases identified as female compared to the current 53.0% of the 10,000 cases, which is an 8.3% increase in female cases (Figure 1.2). 43.0% of the 1,000 cases identified as male compared to the current 46.9%, which is a 9.1% increase in male cases (Figure 1.2). From the initial 1,000 cases, 47.4% of cases identified as Hispanic/Latino Origin compared to the current 25%, which is a 47.3% decrease (Figure 1.1). The current 75.0% of cases which identified as Non-Hispanic/Latino Origin is a 44.2% increase compared to the initial 1,000 cases (Figure 1.1). Further analysis provided insight into the relationship changes between ethnicity and sex (Figure 1.3). An 8.8% decrease was found between Hispanic/Latino male cases and a 19.1% decrease in Hispanic/Latino female cases from the initial 1,000 cases analyzed. However, Non-Hispanic/Latino male cases increased by 125.8% and Non-Hispanic Female cases increased by 83.1% increase. A cross-tabulation of sex demographics by primary language (Figure 1.4) found an increase across all categories. For female cases which identified Spanish as their primary language, there was a 2.6% increase and for male cases which identified Spanish

Sex Demographics

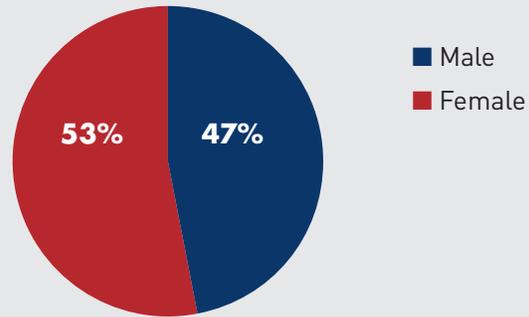


Figure 1.2: Of the 10,000 cases, 5,300 (53%) of cases identified as females and 4,699 (46.9%) of cases identified as males.

Sex Demographics

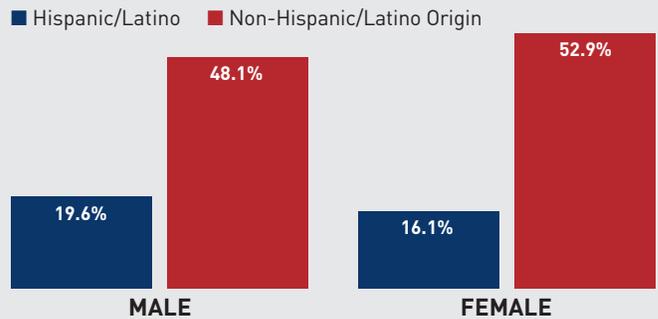


Figure 1.3: A cross tabulation of the 10,000 cases showed 1,916 cases (51.9%) of cases identified as Hispanic/Latino male compared to 4,812 cases (44.6%) of cases identified as Non-Hispanic/Latino males, 1,613 (48.1%) identified as Hispanic/Latino female compared to 5,292 cases (55.4%) identified as Non-Hispanic/Latino female.

Sex Demographics

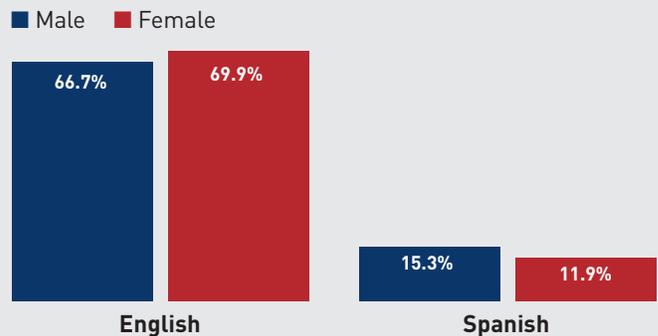


Figure 1.4: A cross tabulation of the 10,000 cases showed 6,670 (66.7%) of male cases identified English as their primary language compared to 1,532 (15.3%) of male cases which identified Spanish as their primary language. 6,990 (69.9%) of female cases identified English as their primary language compared to 1,192 (11.9%) of female cases identified Spanish as their primary language

Ethnicity

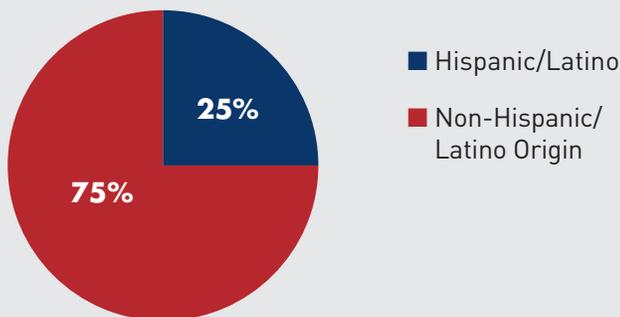


Figure 1.1: Of the 10,000 cases 7,500 (75%) of cases identified as Non-Hispanic/Latino origin and 2,500 (25%) of cases identified as Hispanic Latino

as their primary language, an increase of 4.1% was found. Additionally, female cases which identified English as their primary language increased by 89.4% and male cases that identified English as their primary language increased by 136.5%. The significant changes for factors such as ethnicity, sex, and primary language can be attributed to long-term trends and a larger sample size. Further analysis using job category, spread location, and population demographics can provide insight to these trends.

Conclusion

The year 2020 brought with it many challenges surrounding the emergence of a new pandemic in the form of COVID-19, tasking the world with the goal of mitigating the spread of the new virus through contact tracing. Through HCDI's commitment of improving the quality of health for all, especially vulnerable populations, HCDI commenced the task of contact tracing within the county to slow the spread, closing out the year by completing over 10,000 contact tracing interviews.

Contact Tracing at HCDI evolved from the community need of immediate action to trace active cases of the new virus and contact those who may have been exposed to prevent further spread. From the initial cohort to the most recent, HCDI has developed best practices for its contact tracers with the emphasis on human-centered design and the person at the other end of the call. HCDI and all our contact tracing staff remain committed to approaching each call with respect and dignity.

Many changes have taken place since this undertaking in May 2020, including updates to technology and processes and the growth of the team with the capacity to handle a much larger volume of calls. Our expanded staff capacity and subsequent increase in call capacity has coincided with our ability to better understand the social determinants of COVID-19 cases and contacts so that we may begin to help address their social needs.

Moving forward, HCDI will continue to work towards stopping the spread of COVID-19 in the community with a focus on knowledge, compassion, and cultural sensitivity. We will proceed to the next 10,000 interviews until we have stopped the spread. HCDI remains committed to



improving the quality of health for all, especially vulnerable populations during this pandemic.

Afterword

HCDI is extremely thankful for the opportunity to partner with the Prince George's County Health Department to address the needs of residents in these monumentally challenging times to stop the spread of COVID-19. Through extensive research, operations, and evaluation, we have gained invaluable knowledge of COVID-19 and the proven practices to mitigate and stop its spread. With the help and guidance of the Prince George's County Health Department, we have been able to complete over 10,000 interviews with cases and contacts with increased efforts on serving those most vulnerable. Our professionally trained contact tracers have adapted to the ever-changing conditions surrounding this pandemic, constantly assessing, and improving on their lessons learned. This constant review has allowed us to be, not only more effective and efficient, but also the more compassionate with the ability to provide resources to those with identified social needs. In conclusion, I would like to thank all who have participated in our efforts and have come with us on this journey to 10,000 and beyond to stop the spread of COVID-19 in our community.

Jean Drummond

President and Chief Executive Officer

JOURNEY TO 10,000

Follow-Up to the Journey to 1000



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