



PUBLIC HEALTH

Connections

Bureau of Community Health Systems

What's Inside

Labs statewide surpass goal of '60K in May'

Page 1

Counties navigate next steps in COVID-19 response

Page 1

Increasing access to behavioral health care for perinatal women

Page 2

Bureau director retires after 32 years at KDHE

Page 2

News & Resources

Page 3-4

Job Postings

Page 4

Trainings & Conferences

Page 5

To submit an item for *Public Health Connections* or to join the email list, please email **Lisa Horn** at lisa.horn@ks.gov



The Johnson County Department of Health & Environment has hosted five drive-through COVID-19 testing clinics (JCDHE).

Labs surpass goal of '60K in May'

by Lisa Horn, Public Health Nurse Specialist, Local Public Health

With treatments still being evaluated and no vaccine yet available, using public health prevention strategies and increasing testing remain the main tools in the fight against COVID-19. Kansas Health and Environmental Laboratories (KHEL) have ramped up testing capacity and are also tracking the number of tests processed by private labs around the state.

Federal guidance for testing in states is 2 percent of its population each month — that translates to approximately 60,000 people in Kansas per month, said N. Myron Gunsalus, Jr., KHEL director.

Here are the latest numbers from private labs and KHEL (as of May 29):

- COVID-19 tests in May: **63,323**
- COVID-19 tests year to date: **94,949**
- Total number (year to date) COVID-19 tests processed by state lab: **19,221**.

Dr. Farah Ahmed, state epidemiologist, stressed the testing goal is to have 4 percent of the Kansas population tested by the end of June.

"We have been tracking an increasing rate of testing and a decreasing percent positivity, which is the number of positive tests out of all of the tests conducted," she said. "We want to see this trend continue."

As counties reopen, this data is critical to understanding the impact of the disease and forecasting its effect in the coming months.

Counties navigate next steps in COVID-19 response

by Lisa Horn, Public Health Nurse Specialist, Local Public Health

As Kansas re-emerges from statewide COVID-19 orders a veto last week by Governor Laura Kelly has returned authority to counties to set health, business and mass gathering limits. Kelly's [Ad Astra: A Plan to Reopen Kansas](#), which reopened the entire state in phases, has transitioned to

See 'Counties' on page 6

Online portal now available to report COVID-19 cases

A new online reporting portal, is now available for health care providers to report suspect and confirmed cases of coronavirus disease 2019 (COVID-19). KDHE strongly encourages all providers to use this method to report COVID-19 patients rather than faxing KDHE a reportable disease form.

See 'Patient' on page 5

Bureau director Lou Saadi retires after 32 years at KDHE

Dr. Elizabeth “Lou” Saadi will retire from KDHE in June. She has served as the Director of the Bureau of Epidemiology and Public Health Informatics and as State Registrar since 1988.



Lou Saadi

“I’m sad to see her go as she has been a wonderful teammate, bureau director and state registrar,” said Ashley Goss, Deputy Secretary for Public Health. “I want to thank her for her service. She will be missed.”

Kay Haug, Deputy Registrar, will take over the position and began in

her official capacity May 31. Lou’s last day will be June 15.

Kay Haug has worked at KDHE since 2015 serving as the Director of Vital Statistics and Deputy State Registrar. She ensures



Kay Haug

accurate and timely data collection and analysis.

“This will drive our ability to share information with our public health partners,” Haug said. “Providing world-class customer service, along with maintaining and enhancing communication, is paramount.”

Increasing access to behavioral health care for perinatal women

by Patricia Carrillo, Center for Public Partnerships and Research University of Kansas — Special to Connections

As the impacts of COVID-19 continue to unfold, evidence suggests pregnant and postpartum women are being uniquely impacted.

Perinatal women are dealing with the fear of going to health care offices for appointments, the stress of only being allowed one support person during deliveries, disruptions to birth plans, and social isolation from larger support networks like extended family and friends. Perinatal depression, anxiety and substance use are likely to be exacerbated by these situations.

The barriers and challenges to accessing behavioral health services are well understood. Stigma, cost, access and misperceptions about seeking help all play a role in increasing rates of mental health and substance use disorders. This is especially evident in rural communities where additional challenges exist, related to economic opportunity and access to specialty providers. The impacts of COVID-19 may exacerbate these disparities and service gaps.

Kansas Connecting Communities (KCC) seeks to address these



challenges for pregnant and postpartum women. KCC is a five-year collaborative initiative between the Kansas Department of Health and Environment (KDHE) Title V Maternal and Child Health (MCH) program and several state and local partners. KCC aims to improve the mental health and well-being of perinatal women through increased screening, assessment, referrals and access to treatment.

Identifying potential mental health and substance use disorders and assisting perinatal women get the help they need can be challenging.

To support providers with this challenge, KCC has established a free provider consultation line. The consultation line is available to any Kansas health care or social service provider working with perinatal women.

When you access this free service by phone or email, you will be connected with a social worker who

has training in perinatal mental health and substance use. They will gather information to assess you and your client’s needs and help determine the best next steps. This could include guidance for completing a screening, assistance making a referral for a mental health or substance use assessment, connection to direct patient telehealth services or other case-dependent resources.

If you provide care or services for this population, you can help by making mental health and substance use part of the conversation. This can mean integrating screening into your clinic, making information and resources easily available to clients or acknowledging without judgment that struggles with mental health and substance use are not uncommon and help is available.

We encourage you to use this resource to ask general questions about perinatal behavioral health as well as client specific questions as they arise; staff can support you by phone at **1-833-765-2004** weekdays from 8 a.m. to 5 p.m. or through: <http://bit.ly/ProviderConsult>.

For additional questions about KCC, email: kcc@KU.edu.



KDHE staff contributes to MMWR articles on COVID-19

KDHE staff contributed to two recent Morbidity and Mortality Weekly Report (MMWR) articles. The weekly report is a publication of the Centers for Disease Control and Prevention. [“COVID-19 Among Workers in Meat and Poultry Processing Facilities — 19 States, April 2020”](#) discussed that improving physical distancing, hand hygiene, cleaning and disinfection, and medical leave policies, and providing educational materials in languages spoken by workers might help reduce COVID-19 in these settings and help preserve the function of this critical infrastructure industry.

The second article, [“COVID-19 in Correctional and Detention Facilities — United States, February-April 2020”](#) provided the first documentation of the number of reported laboratory-confirmed cases of COVID-19 in correctional and detention facilities in the United States, although information on the proportion of incarcerated and detained persons and staff members tested was not available. Screening all incarcerated or detained persons quarantined as close contacts of a case twice daily and promptly isolating persons with symptoms can help identify persons infected as a result of transmission that occurred within the facility and control spread of disease.

CDC meat processing plant site visit reports available

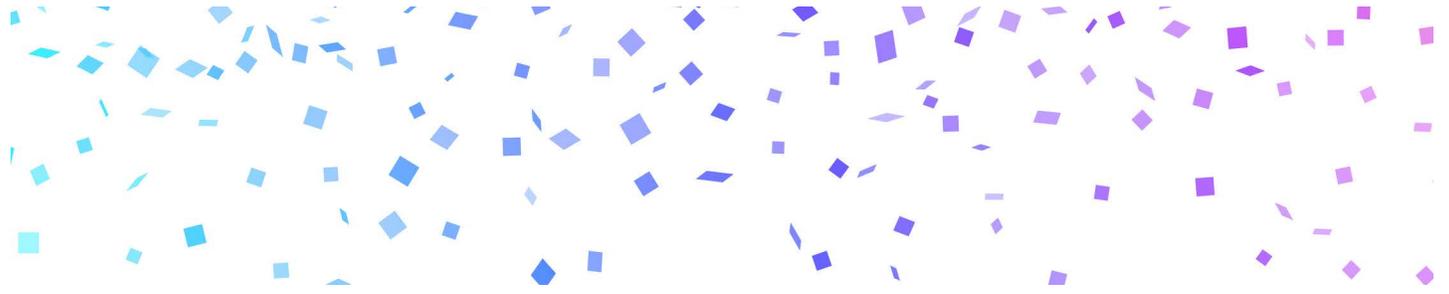
Representatives from the CDC visited five Kansas meat processing facilities to provide technical assistance to the companies and public health to prevent SARS-CoV-2 infections in employees. The reports highlight best practices in implementation to improve mitigation strategies and further educate the decision makers within these facilities. In Kansas, they visited Tyson plants in Finney and Lyon counties; Cargill Protein in Ford County; and National Beef in Ford and Seward counties.

[Click here to read the reports.](#)

Kansas Disability and Health Program provides COVID-19 resources

While everyone needs to know how to prevent the spread of COVID-19, the Kansas Disability and Health Program recognizes that people with disabilities and their caregivers have additional concerns. The following resources provide targeted information in a variety of formats:

- The **American Association on Health and Disability (AAHD)** has created several brief videos on COVID-19 and disability. These videos address the topics of who is at risk for complications, the importance of social distancing, precautions for people using wheelchairs, and how to keep wheelchairs clean. The videos can be found [here](#).
- The **Administration on Community Living (ACL)**, a division of the U.S. Department of Health and Human Services, provides a resource page on COVID-19 titled, “What Do Older Adults and People with Disabilities Need to Know?” This page provides information in both English and Spanish and includes links to a series of YouTube videos that provide information in American Sign Language. These resources can be found at [here](#).
- More information and additional resources are available on the **Kansas Disability and Health Program** website [here](#).



Opioid grant opportunity announced for rural communities

The Health Resources and Services Administration’s (HRSA) Federal Office of Rural Health Policy (FORHP) released a Notice of Funding Opportunity (NOFO) for the Rural Communities Opioid Response Program Planning (RCORP-Planning).

HRSA will award approximately 50 grants to rural communities to enhance capacity to address substance use disorder, including opioid use disorder (OUD). Up to \$200,000 will be awarded during an 18-month period to recipients to conduct a series of planning activities, engage multi-sector consortiums and participate in the RCORP-Planning learning collaborative.

All activities must target HRSA-designated rural areas. Applicants may choose to address an additional substance of concern if based on identified needs.

View the funding opportunity [here](#). Applicants must first register [here](#) (application processes can take up to one month to complete). The deadline for applications is **July 13**. For more information, contact Sarah O’Donnell at **(301) 443-0298** or email sodonnell@hrsa.gov.

New tobacco fact sheet available on adult tobacco use

The KDHE Community Health Promotion section has published its latest tobacco fact sheet on adult tobacco use. Although overall adult tobacco use in Kansas has declined, disparities among youth, income, minority status, education and disability continue to exist between smokers and non-smokers. The tobacco industry focuses its advertising in neighborhoods most vulnerable. We encourage you to use this [fact sheet](#) and [others](#) that may help you inform partners, stakeholders and write for funding.



Barton County

- [Public Health Nurse](#)

Lawrence-Douglas County

- [Environmental Health Specialist](#)
- [RN- Public Health Nurse](#)

Shawnee County

- [RN – Nurse-Family Partnership](#)
- [Social Worker – MSW](#)

Upcoming Trainings & Conferences

Conversations about Substance Use: Implementing SBIRT in Kansas training

This free online series on Screening, Brief Intervention, and Referral to Treatment (SBIRT) is appropriate for health care professionals, behavioral health providers, social workers and others interested in improving outcomes related to substance use disorders. CEUs are provided at no charge.

The training will be **every Tuesday** from **noon to 1 p.m. June 2 to July 7**.

Below is the scheduled series:

June 2- The Changing Understanding of Substance Use & SBIRT Overview

June 9- Creating an Open Environment for Substance Use Screening

June 16- A Closer Look at “Brief Intervention”

June 23- Examining Motivationally Enhanced “Brief Intervention” Skills

June 30- “Referral to Treatment” Services

July 7- SBIRT Implementation and Workflow.

To register and for more information, [click here](#).

Mark your calendar for June 11 Community Health Worker Symposium

The Kansas Community Health Worker Symposium will be presented virtually this year from **9 a.m. to noon June 11**. Topics include Telehealth, Kansas Community Health Worker of the Year (new!), an introduction to the Kansas Community Health Worker Education Pilot and a choice of three break-out sessions. Information and registration is available [here](#).

Tobacco use and COVID-19, vaping information to be presented at annual meeting

The Tobacco Free Kansas Coalition will hold its annual meeting via Zoom from **9 a.m. to noon June 25**.

Presentations will include: Tobacco Use and Increased Risks With COVID-19, as well as three different vaping presentations. The cost is \$25 and you do not need to be a coalition member to attend.

For additional information and to register, [click here](#). This event is password protected. (The password is: **2020TFKAM**).

Patient reporting portal integrated into EpiTrax surveillance system

Continued from page 1

The portal enables providers to securely and confidentially submit patient information and pending laboratory testing without having to print records, complete a handwritten disease report form and faxing documents to KDHE.

In addition, the portal allows providers to review records submitted for tracking purposes.

The portal is integrated into EpiTrax, KDHE’s disease surveillance system, allowing public health officials to respond faster to implement containment measures without waiting for

manual data entry of faxed documents.

Currently, only COVID-19 patients can be reported via the portal. COVID-19 laboratory results cannot currently be submitted via the portal. These, along with the reporting other infectious diseases, should be faxed to KDHE at **1-877-427-7318**.

Future upgrades are planned to expand the functionality of the online reporting portal.

Access the portal or enroll [here](#). If you need assistance, please email KDHE EpiTrax administration at: kdhe.epitraxadmin@ks.gov.

Counties try to strike balance in reopening and safety of communities

Continued from page 1

guidance counties can choose to follow as they reopen.

In vetoing House Bill 2054, Kelly sought to preserve a local health officer's authority to issue emergency health orders for the county (a statute last amended in 1979). If the bill hadn't been vetoed such orders would have been required to be approved by the local board of health, which in most counties, is its county commission.

Based on the epidemiological situation in each of their unique counties, some counties are choosing to follow the [Ad Astra plan](#) completely, take elements of it into their reopening or reopening without phases or recommendations.

As health departments attempt to stay on top of investigating new cases and their contacts, while still providing regular services, enforcing business and mass gathering orders has been challenging, if not impossible for many already short-staffed health departments and law enforcement agencies.

Before the Governor's veto, leaving work late many nights after performing case investigations only to see a number of cars parked at a local bar was discouraging, said Karen Winkelman, Barton County Health Department interim director and health officer.

"You feel like you've just been defeated," she said.

So in Barton County and many others, public health orders (beyond the enforcement of isolation and quarantine of cases and contacts) have evolved into recommendations. The economy also has been a huge factor in their decision.

"There have been too many people out there finding ways around (the orders) or thinking they have a way around them," Winkelman said. "We were spinning our wheels and wasting resources trying to chase everyone."

"People fall in a continuum of those who are super careful and those who throw caution to the wind," said Mary Schwartz, Kingman County Health Department director and health officer.

Barton County's Board of Health (its county commission) decided to take no action to Governor Kelly's veto and there are currently no restrictions on gatherings and businesses. As of June 1, the county reported 44 cases of COVID-19.

Labette County also is proceeding without restrictions. It has had 22 cases with its last active case one month ago, said Lisa Stivers, Labette County Health Department administrator.

"We've had some businesses

initiate their own restrictions, even though there are no county-wide restrictions," Stivers said.

Kingman County (with no cases) is recommending using Governor Kelly's Phase 2 as guidance until June 10 at which time they will start Phase 3, followed by Phase Out.

The counties are focusing on continuing to educate the public of the importance of social distancing, limiting gatherings, hand washing, wearing masks and other preventative measures. They also plan to revisit restrictions if needed.

[See Barton County's news release on reopening](#)

[See the Kingman County "Plan for Reopening"](#)

[See Labette County's news release on reopening](#)

"Reminding the public of what Dr. Norman has said is that these measures work," Winkelman said.

"Personal responsibility is the name of the game," Schwartz said. "There might not be legal ramifications, but it's about thinking about others around you. (COVID-19) is not going to go away until we have a better grasp of it."

The Kansas Health Institute is tracking all Kansas counties' reopening plans. [Click here to see an interactive map](#) with info they have compiled.

