

COVID-19 After-Action Report

**FREEHOLD AREA HEALTH DEPARTMENT
(FAHD)**



2020-2022



FREEHOLD AREA HEALTH DEPARTMENT
Working Hard to Keep You Healthy



Public Health
Prevent. Promote. Protect.

Table of Contents

Foreword	_____	1
Title Page	_____	2
Overview	_____	3
Major Strengths Demonstrated	_____	4
Areas for Improvement	_____	9
Appendix A: Improvement Plan Matrix	_____	14
Appendix B: Response Timeline	_____	16
Appendix C: Team Roster	_____	18
Appendix D: Key Informant Survey Results	_____	19
Appendix E: Acronym List	_____	22

FOREWORD

As a Health Officer who led the Freehold Area Health Department through a disease pandemic, I find myself struggling to write objective comments. The SARS-CoV-2 (Pandemic) was an unprecedented series of events that led to over 6.5 million deaths around the globe, hundreds of millions of world-wide illnesses, economic fallout, massive school closures, increased community mental health issues and pointed political divisions. And, while all of this was happening, each of us experienced our own personal physical and emotional response to the pandemic. The death of loved ones, illness and the fear of the unknown impacted many of our days, while the lack of employment, hunger and severe disease also affected our most vulnerable populations.

When the Pandemic unfolded, health care heroes reported to emergency rooms and hospitals, and valiantly cared for the sick, while learning how to improve the treatment of severe disease and prevent death. Rightfully, the media hailed their good work and “Heroes Work Here” signs littered the lawns of health-care facilities throughout New Jersey.

Unfortunately, not all “heroes” were publicly recognized. Public health professionals, such as ourselves, worked equally hard throughout the pandemic to manage and prevent the spread of COVID-19 disease. At first, our staff interviewed and managed cases, traced and contacted potentially exposed individuals, and provided education regarding the disease, isolation and quarantine. We were community consultants 24/7 for the hospitals, schools, local businesses, local government and the residents. We managed the multiple disease outbreaks in the long-term care facilities, schools, sports and daycares. We assured access to testing and eventually provided COVID-19 vaccinations as vaccine supplies became available.

While the plethora of work was demanding, our greatest challenge was maintaining the energy and perseverance to manage a two-year response. As residents became frustrated with isolation, quarantine and masking requirements, we became the object of their displeasure and were subjected to daily verbal assaults. In addition, politics hampered our response, polluted our credibility and overshadowed the true value of our daily work.

However, there is good news. The employees of the Freehold Area Health Department stood together and weathered the adversity with a heartfelt dedication to the work that went largely unappreciated. There were good days and bad days, but we always kept it “real” and remembered to laugh!

This After-Action Report speaks to the successes of our COVID-19 response and to the challenges that we experienced. Yet, more importantly, it provides a strategic pathway to improving our next public health response to an outbreak. “In the midst of chaos, there is also opportunity.” -Sun Tzu

I wish to thank the governing bodies of Freehold Township, Freehold Borough and Wall Township for their support, and mostly, for their faith and trust in allowing the health department to use our expertise to our fullest capability.

With best regards,



Margaret Jahn, MS, MPH
Health Officer



There were good days and bad days, but we always kept it “real” and remembered to laugh!

TITLE PAGE

Incident Name	COVID-19 Pandemic
Period Covered by the Review	March 11, 2020 - February 1, 2022
Scope	This is an after-action review of Freehold Area Health Department's response to the COVID-19 pandemic
Threat of Hazard	Pandemic - COVID-19
Design	Two theoretical approaches - Root-cause analysis and Facilitated look-backs
Participating Institutions and Entities	Freehold Area Health Department Staff - Cross-sectoral team: Health Officer, Health Admins, Registered Environmental Health Specialists (REHS), Epidemiologist, and Health Educator Neighborhood Connections to Health: Community Coordinator
Points of Contact	Margaret Jahn mjahn@twp.freehold.nj.us

OVERVIEW

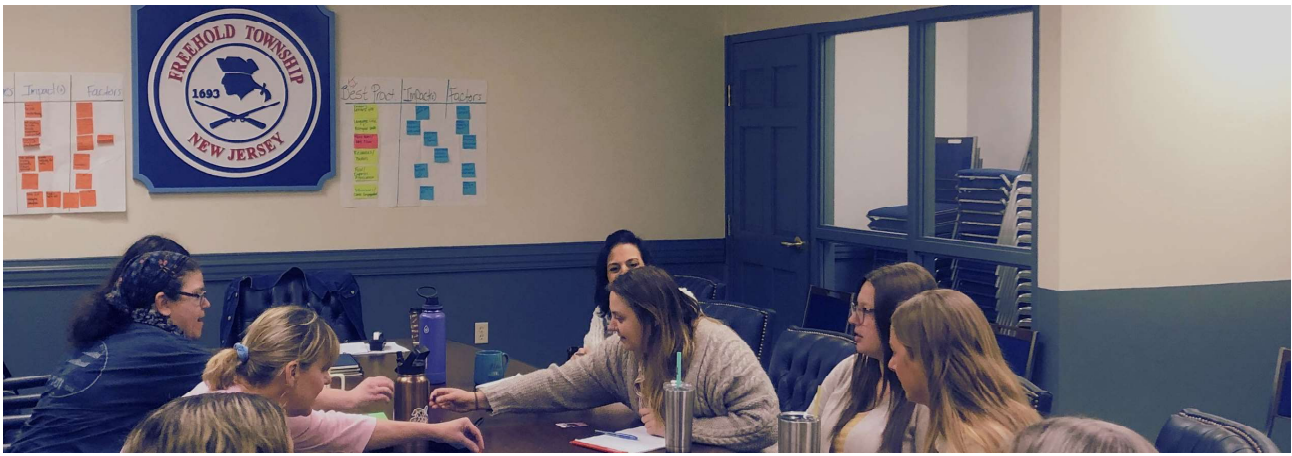


The COVID-19 response for the FAHD officially began in early February 2020. Increasing numbers of cases were reported daily and staff scrambled to mitigate the spread by initiating contact tracing. Within a few weeks, long-term care facilities experienced massive outbreaks and health department staff worked to manage the outbreaks, in addition to the contact tracing efforts. When a vaccine became available, FAHD engaged in supporting county mass vaccination clinics, eventually hosting local clinics as the vaccine became widely available.

To evaluate the effectiveness of the health department's response, the staff met several times from March through August 2022 and identified 15 recommendations that span across the 11 distinct categories of incident management. These recommendations or key activities were systematically identified through facilitated look-backs, root-cause analyses and challenges/best practices mapping. The group recognized both positive and negative factors that influenced the response, the challenges that arose and lessons learned. As a result, key activities will be undertaken to meet the challenges and imbed best practices into future responses (see Figure 1). In addition to staff discussion, FAHD also distributed questionnaires to key collaborators to garner input as to how well we assisted our partners.



Figure 1. Key phases diagram. This figure describes the steps taken to complete FAHD's After Action Review of the COVID-19 response.



MAJOR STRENGTHS DEMONSTRATED

LEADERSHIP

Table 1. Best Practices Mapping

This table describes the best practices identified by FAHD staff members about the leadership of their department and the municipalities they service.

BEST PRACTICES		IMPACT(S)	ENABLING FACTORS
1.	Margy MADE SURE we got one day off per week	Time to decompress	Enough staff to rotate, contact tracers
2.	Lunches provided to staff	Felt that it was a recognition for the extra time and work put in	Admin support
3.	COVID bonus	Extra money for work and stress	Admin support
4.	Communication	Responded to emotional needs of employees/community	Work ethic, passion for work, tolerance
5.	Outlet given for employees to express their feelings and express their emotional needs	Improved employee satisfaction	Comfort with the workplace, safe space
6.	Addressed community's needs	Community benefited from this department and its 24/7 availability	Margy, on-call schedule, NJ law mandating 24/7 availability of LHD's



MAJOR STRENGTHS DEMONSTRATED

COMMUNICATION - INTERNAL / EXTERNAL

Table 2. Best Practices Mapping

This table describes the best practices FAHD staff members identified regarding internal/external communication in their department.

BEST PRACTICES		IMPACT(S)	ENABLING FACTORS
1.	Working with administration, having frequent meetings	<ul style="list-style-type: none"> • Gained trust • Education 	<ul style="list-style-type: none"> • Political Bias • Relationship & respect with admin had been established prior to the response
2.	Educating those members of the public that we did have contact with	<ul style="list-style-type: none"> • Able to educate some members of our community 	<ul style="list-style-type: none"> • We cared and wanted to provide service to the public
3.	Patiently provided education in an attempt to dispel misinformation	<ul style="list-style-type: none"> • Schools had a better understanding • Residents had a broader picture and better understanding of guidance and protocol 	<ul style="list-style-type: none"> • DOH/CDC advised people to consult with the health department on all guidance
4.	Education and memos from administration	<ul style="list-style-type: none"> • Improved compliance 	<ul style="list-style-type: none"> • Respect from other departments. Support from administration
5.	Everyone contributed and maintained a sense of humor	<ul style="list-style-type: none"> • Lessened the load and kept things in perspective 	<ul style="list-style-type: none"> • Good office rapport. Sense of duty and honor. Willingness to engage the entire health department
6.	Educating the public while doing contact tracing	<ul style="list-style-type: none"> • Increased the outreach of education 	<ul style="list-style-type: none"> • Knowledge, resources, contacts
7.	Local HD has established roots in community – partnerships	<ul style="list-style-type: none"> • Extended reach into key areas of population 	<ul style="list-style-type: none"> • Built relationships/previous collaborations



MAJOR STRENGTHS DEMONSTRATED

OUTBREAK MANAGEMENT

Table 3. Best Practices Mapping

This table describes the best practices identified by FAHD staff members in managing the outbreaks of the COVID-19 pandemic.

BEST PRACTICES		IMPACT(S)	ENABLING FACTORS
1.	Hiring Brett Nance	<ul style="list-style-type: none"> Allowed relief off of the inspectors trying to handle the outbreaks, more centralized 	<ul style="list-style-type: none"> Grant money Brett's DOH burnout Great coworkers
2.	Ability to build rapport with facilities	<ul style="list-style-type: none"> Improved trust, service, ease of info transfer 	<ul style="list-style-type: none"> One person running the outbreaks makes it easier, abreast of guidance, knowledge, communication skills
3.	Ability to ask/accept help when needed	<ul style="list-style-type: none"> Less wasted time/improved flow of information 	<ul style="list-style-type: none"> Having other Epis on the local level to talk to Daily calls – Margy – stream of info/Q&A
4.	Electronic records - move away from paper	<ul style="list-style-type: none"> Centralized location to look for info – accessible to all 	<ul style="list-style-type: none"> Computer skills, health drive, decision to transition
5.	Realize role of consultants rather than enforcers	<ul style="list-style-type: none"> Built rapport, less pressure, felt we were not the bad guy all of the time, people more willing to listen, better info spread 	<ul style="list-style-type: none"> Learning org. structure and having list of resources to know the answers to questions



MAJOR STRENGTHS DEMONSTRATED

CASE INVESTIGATION / CONTACT TRACING

Table 4. Best Practices Mapping

This table describes the best practices FAHD staff identified regarding performing COVID-19 case investigation/contact tracing.

BEST PRACTICES		IMPACT(S)	ENABLING FACTORS
1.	Dropping letters off	<ul style="list-style-type: none"> • Call backs/prevented transmission 	<ul style="list-style-type: none"> • Made contact
2.	Language line & bilingual staff	<ul style="list-style-type: none"> • Language line reduced the load on Spanish-speaking staff, ability to communicate in all languages 	<ul style="list-style-type: none"> • Built trust and shared knowledge about disease with population • Enabled contact with more people
3.	Team work/workflow, comradery	<ul style="list-style-type: none"> • Organized/morale booster 	<ul style="list-style-type: none"> • Efficiency, accountability, grew as a department, closeness of staff, support
4.	Resources/packets	<ul style="list-style-type: none"> • Organization increased confidence when relied on standardization 	<ul style="list-style-type: none"> • Existing long-term partnership and collaboration with community partners
5.	Food/employee appreciation	<ul style="list-style-type: none"> • Team building 	<ul style="list-style-type: none"> • Support/continued relationships
6.	Volunteers/community engagement	<ul style="list-style-type: none"> • Lessened impact on health department 	<ul style="list-style-type: none"> • People willing to help



MAJOR STRENGTHS DEMONSTRATED

VACCINATION CLINIC

Table 5. Best Practices Mapping

This table describes the best practices identified by FAHD staff for implementing COVID-19 vaccination clinics.

BEST PRACTICES		IMPACT(S)	ENABLING FACTORS
1.	Working with community partners (VNA, non profits, etc.)	<ul style="list-style-type: none"> Increased volume and accessibility, equity, i.e. vaccines for homebound 	<ul style="list-style-type: none"> Existing relationships with partners
2.	Having an effective well-trained staff	<ul style="list-style-type: none"> Internal coordination 	<ul style="list-style-type: none"> Good communication, cross training
3.	Planning, organization, preparedness, availability	<ul style="list-style-type: none"> Provided multiple and convenient registration options 	<ul style="list-style-type: none"> Good under pressure, flexibility to improve
4.	Offering convenient location and hours	<ul style="list-style-type: none"> Increased accessibility for residents 	<ul style="list-style-type: none"> Having a full staff available to work after hours and good partnerships
5.	Education for residents and ourselves	<ul style="list-style-type: none"> Increased knowledge about the vaccine 	<ul style="list-style-type: none"> Resources, health educator, having cross expertise within our own staff, persistent communication

AREAS FOR IMPROVEMENT

LEADERSHIP

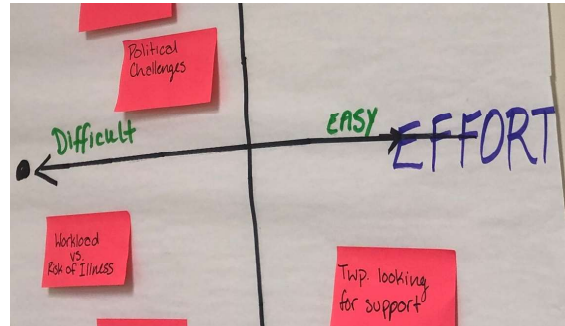


Table 6. Challenges Mapping

This table describes the challenges identified by FAHD staff members about the leadership of their department and the municipalities they serve.

CHALLENGES		IMPACT(S)	LIMITING FACTORS
1.	Political challenges	<ul style="list-style-type: none"> Differing political/public health views around COVID 	<ul style="list-style-type: none"> Needed to respond to interests of constituents
2.	Overwhelming time	<ul style="list-style-type: none"> Unknowns, working six days per week for almost a year not knowing when the end would come 	<ul style="list-style-type: none"> Limited amount of clear direction; constant change and interpretation
3.	Township looking for support	<ul style="list-style-type: none"> Usually went to Margy and she took the brunt of it (committee, employees, admin) 	<ul style="list-style-type: none"> Gave best info that we had at the time
4.	Workload vs. risk of illness	<ul style="list-style-type: none"> Needed to be in office but worried about getting sick ourselves and the contacts that we have 	<ul style="list-style-type: none"> Some work (contact tracing/assigning cases) done from home
5.	Lost focus on what we typically do	<ul style="list-style-type: none"> Needed to re-learn how to do everyday work 	<ul style="list-style-type: none"> Time gap from the everyday work because of COVID
6.	Leadership in other towns	<ul style="list-style-type: none"> Less available clinics and opportunities for education and access to resources 	<ul style="list-style-type: none"> Having to follow what constituents wanted, as opposed to leadership The way that public health is structured in NJ

AREAS FOR IMPROVEMENT



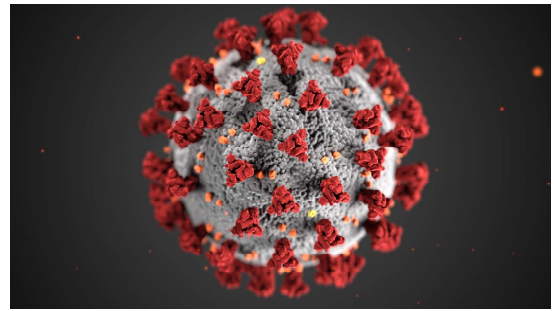
COMMUNICATION - INTERNAL / EXTERNAL

Table 7. Challenges Mapping

This table describes the challenges FAHD staff members identified regarding internal/external communication in their department.

CHALLENGES		IMPACT(S)	LIMITING FACTORS
1.	Educating the town committee. Keeping them informed and grounded	<ul style="list-style-type: none"> Lack of trust, fear 	<ul style="list-style-type: none"> Media Lack of education of subject
2.	Educating the public	<ul style="list-style-type: none"> Public got their news from the media Inability to educate all people in jurisdiction to correct rumors circulating 	<ul style="list-style-type: none"> Lack of resources Media
3.	Battling political beliefs	<ul style="list-style-type: none"> Non-compliance (both employee and residents) Unable to educate 	<ul style="list-style-type: none"> Media Lack of education
4.	Protocol/recommendations	<ul style="list-style-type: none"> Departmental outbreaks/employees taking advantage of “feeling sick, quarantining and isolation” 	<ul style="list-style-type: none"> Disregard for rules and people
5.	Inundated with questions	<ul style="list-style-type: none"> Demand on resources Mental distress and fatigue 	<ul style="list-style-type: none"> Lack of education from the State Schools/businesses not wanting to make final decisions based on guidance

AREAS FOR IMPROVEMENT



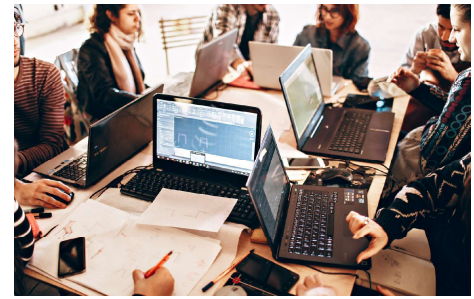
OUTBREAK MANAGEMENT

Table 8. Challenges Mapping

This table describes the challenges identified by FAHD staff members in managing the outbreaks of the COVID-19 pandemic.

CHALLENGES		IMPACT(S)	LIMITING FACTORS
1.	Amount of outbreaks	<ul style="list-style-type: none"> Quality of our response – overwhelmed 	<ul style="list-style-type: none"> The definition of outbreak from state/CDC was very broad, and the documentation required
2.	Inconsistent/changing guidance	<ul style="list-style-type: none"> Facilities needed more time to discuss things due to changing guidance – more time on phone explaining 	<ul style="list-style-type: none"> Lack of coordination at federal level – flip flop
3.	Lack of support from DOH	<ul style="list-style-type: none"> Lengthened our response time 	<ul style="list-style-type: none"> Volume of questions we were getting/Regional Epi Program
4.	External pressures – media	<ul style="list-style-type: none"> Mental health decline/time management 	<ul style="list-style-type: none"> Increasing public fears/pressure/unknowns
5.	Decentralized work on outbreaks	<ul style="list-style-type: none"> Feeling trapped – not wanting to take vacation Flow of information/standardization issues 	<ul style="list-style-type: none"> Volume of outbreaks Staffing needs Experience levels

AREAS FOR IMPROVEMENT



CASE INVESTIGATION / CONTACT TRACING

Table 9. Challenges Mapping

This table describes the challenges FAHD staff identified regarding performing COVID-19 case investigation/contact tracing.

CHALLENGES		IMPACT(S)	LIMITING FACTORS
1.	Language barrier	<ul style="list-style-type: none"> Not getting the full message – lost in translation, were not maximized in efforts. Trust with people we spoke to (time, trust, understanding) 	<ul style="list-style-type: none"> Only two bilingual people in office
2.	Public's baseline knowledge of contact tracing	<ul style="list-style-type: none"> People afraid to answer questions, not aware of the source/outcome – especially the immigrant population. It made it difficult to convey the info (not wanting to talk, trust/cooperation, angry people) 	<ul style="list-style-type: none"> External agencies (state/CDC) slow in educating public, lack of set protocols/guidelines for us to offer the public Limited public health infrastructure at state level
3.	Reaching the family	<ul style="list-style-type: none"> Could not reduce the spread if we were not able to reach people Lost contact tracing Schools looking for information 	<ul style="list-style-type: none"> Relying on incomplete lab info, urgent care/doctors not answering, emotions of people
4.	CommCare	<ul style="list-style-type: none"> Learning new program, training, quality of program Intention/impact gap – meant to help health departments, but initially brought a lot of work for FAHD, up-front work to train new staff (communicable disease) with learning curve 	<ul style="list-style-type: none"> Too many hands in the pot [new system: Commcare] no prior thought, time needed to learn
5.	PCG Staff	<ul style="list-style-type: none"> Difference in idea of program – new staff and current staff wanting control 	<ul style="list-style-type: none"> [PCG staff] availability Governor/technology Would not need commcare if PH structure was not outdated
6.	Volume of cases	<ul style="list-style-type: none"> Less education/ tired/worn out Distraction from core health department focus, exhaustion Relocation of resources to COVID 	<ul style="list-style-type: none"> Lack of testing/pandemic spread of disease, understaffed, low vaccination rates, prioritization of cases

AREAS FOR IMPROVEMENT



VACCINATION CLINIC

Table 10. Challenges Mapping

This table describes the challenges identified by FAHD staff in implementing COVID-19 vaccination clinics.

CHALLENGES		IMPACT(S)	LIMITING FACTORS
1.	Lack of inventory	<ul style="list-style-type: none"> Trust, reputation, our process, wasted time in resources 	<ul style="list-style-type: none"> Lack of vaccine, lack of coordination from county
2.	Phone coverage, office activity, keeping up with registration	<ul style="list-style-type: none"> Overwhelmed staff Impacted stress level of staff 	<ul style="list-style-type: none"> Construction of office, limited space
3.	Initial registration process	<ul style="list-style-type: none"> Ran out of vaccines 	<ul style="list-style-type: none"> Allowed walk ins – on top of 100 registrations
4.	Trust and confidence in the vaccine	<ul style="list-style-type: none"> Residents not getting vaccinations 	<ul style="list-style-type: none"> Misinformation and myths about vaccine
5.	Scheduling multiple clinics	<ul style="list-style-type: none"> Stress, staff burnout 	<ul style="list-style-type: none"> High demand – once it became available
6.	Follow-up after clinic – entry into NJIIS	<ul style="list-style-type: none"> Time/confusion 	<ul style="list-style-type: none"> External – state systems that were not streamlined and very cumbersome

APPENDIX A: IMPROVEMENT PLAN MATRIX

This matrix provides a summary of corrective actions. For full context, please reference the appropriate section within the AAR.

Pillar	Corrective Action	Primary Person / Team Responsible	Start Date	Completion Date	Indicators
Leadership	Continue 24/7 availability per NJ law and rotation of responders	Health Officer and Health Inspectors	Ongoing	Ongoing	On call schedules and reports
	Call down drill	Health Officer	March 2024	Ongoing (quarterly)	Text and call records
	Continue Margy's monthly meetings	Health Officer	Ongoing	Ongoing (monthly)	Meeting notes
Communication Internal/ External	Develop standard pandemic protocols to be used internally/locally and Integrate them into the response plan	Health Officer and Epi	TBD	TBD	The documents of the protocols
	Develop process for establishing employee guidelines	Health Officer and Epi	TBD	TBD	Guidelines document
Outbreak Management	Standardize guidance and share updates with department staff	Epi	Ongoing as needed	Ongoing as needed	Copy of updated guidance
					Communication (emails)
	Offer just-in training	Epi	Ongoing as needed	Ongoing as needed	Sign-in sheets
					Training notes
	Listserv of all facilities (schools, daycares, hospitals, etc.) points of contact – to enable Brett to do email blasts and maintain relationships	Epi and Admin staff	Ongoing	Ongoing	Regular communication – talk to Bret
					Emails/phone calls
Annual satisfaction surveys					

IMPROVEMENT PLAN MATRIX (continued)

Pillar	Corrective Action	Primary Person / Team Responsible	Start Date	Completion Date	Indicators
Outbreak Management (continued)	Depository for most updated outbreak management guidance – to help all staff to know where to access this information	Epi	Ongoing	Ongoing	Central guidance document - either via shared file or Google Drive
Case Investigation/ Contact Tracing	Research cultural competency training opportunities/mandate annually (improving cultural insights and use of language line)	Health Educator and Health Officer	March 2024	Annually	Certificates of completion
	Team building - planned team-building/social events, i.e., pet therapy day	FAHD staff to alternate	Ongoing	Ongoing (quarterly)	Planning and implementation documents
Vaccination Clinic	Create a community partner list	Health Educator	March 2024	Ongoing	Written document
					Shared document including key information of community partners
	Just-in-time training	Health Officer and TBD	TBD	TBD	Sign-in sheets
					training materials
Pre-described clinic positions: Clinic Action Plan and post-vaccine data entry in NJIS	Health Officer and Epi (to train)	TBD	TBD	Written document	

APPENDIX B: RESPONSE TIMELINE

Summary of Key Events

Table 1. COVID-19 pandemic timeline

This table lists key events that occurred in 2020 through early 2022. This was retrieved from CDC and the complete timeline can be accessed at www.cdc.gov/museum/timeline/covid19.html

Date	Event
11 March 2020	After more than 118,000 cases in 114 countries and 4,291 deaths, the WHO declares COVID-19 a pandemic.
15 March 2020	States begin to implement shutdowns in order to prevent the spread of COVID-19. The New York City public school system— the largest school system in the U.S., with 1.1 million students— shuts down, while Ohio calls for restaurants and bars to close.
28 March 2020	CDC issues a domestic travel advisory for New York, New Jersey, and Connecticut due to high community transmission of COVID-19 in those states, urging residents to refrain from all non-essential domestic travel for at least 14 days, effective immediately.
20 April 2020	As the COVID-19 pandemic grows, shortages of personal protective equipment (PPE) like gowns, eye shields, masks, and even body bags, become dire— particularly in New York.
1 May 2020	FDA issues an emergency use authorization (EUA) for the use of the antiviral drug Remdesivir for the treatment of suspected or confirmed COVID-19 in people who are hospitalized with severe disease.
28 May 2020	The recorded death toll from COVID-19 in the U.S. surpasses 100,000.
7 July 2020	The number of confirmed COVID-19 cases in the U.S surpasses 3 million. The U.S. begins the process of withdrawing from WHO.
9 July 2020	WHO announces that the SARS-CoV-2 virus that causes COVID-19 can be transmitted through the air and is likely being spread by asymptomatic individuals.
26 August 2020	FDA issues an EUA for Abbott’s BinaxNOW Covid-19 Test Kit— a rapid antigen test that can detect a COVID-19 infection in 15 minutes using the same technology as a flu test.
28 August 2020	The first documented case of COVID-19 reinfection in the U.S. is confirmed by the Nevada State Public Health Laboratory.
11 December 2020	FDA issues an EUA for the Pfizer-BioNTech COVID-19 vaccine.ACIP recommends the Pfizer-BioNTech COVID-19 vaccine for all people ages 16 years or older for the prevention of COVID-19.

RESPONSE TIMELINE (continued)



Summary of Key Events

Date	Event
18 December 2020	FDA issues an EUA for the Moderna COVID-19 vaccine.
31 December 2020	One year anniversary of the first reported case of COVID-19 to WHO .28 million people in the U.S. have received a COVID-19 vaccine dose— far short of the Nation’s goal of 20 million.
28 January 2021	The first case of the COVID-19 B.1.351 / “Beta” variant, first identified by scientists in South Africa, is detected in South Carolina.
27 February 2021	FDA approves an emergency use authorization (EUA) for Johnson & Johnson’s one-shot COVID-19 vaccine for all people ages 18 years and older.
8 March 2021	CDC recommends that people who are fully vaccinated against COVID-19 can safely gather with other fully vaccinated people indoors without masks and without socially distancing.
10 May 2021	FDA expands the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine to include all adolescents ages 12–15 years.
27 July 2021	Amid a Delta variant surge, CDC releases updated masking guidance recommending that everyone in areas with substantial or high transmission wear a mask indoors.
9 December 2021	CDC and FDA expand COVID-19 booster recommendations to include everyone ages 16 years and older.
27 December 2021	CDC shortens the recommended isolation period for people with COVID-19 to five days, followed by five days of wearing a mask around others if they are asymptomatic or if their symptoms are resolving (resolving is defined as without a fever for 24 hours).
3 March 2022	CDC updates the “COVID-19 Community Level,” showing that more than 90% of the U.S. population is in a location with either low or medium COVID-19 community transmission level.

APPENDIX C: TEAM ROSTER

Freehold Area Health Department Staff - Cross-sectoral team

<p>PARTICIPANTS & TITLE</p>	<ul style="list-style-type: none"> • Antoinette Ceciarelli – Alliance Coordinator / Department Administrative Assistant • Ashley Skibniewski – Registered Environmental Health Specialists (REHS) • Jessica Habeck – Registered Environmental Health Specialists (REHS) • Liane Hernandez – Department Administrative Assistant • Margy Jahn– Health Officer • Margaret Karl – Registered Environmental Health Specialists (REHS) • Jennifer McAuley – Department Administrative Assistant • Brett Nance – Epidemiologist • Jeff Palatini– Registered Environmental Health Specialists (REHS) • Rahul Pathak– Registered Environmental Health Specialists (REHS) • Andrea Trozzi –Registered Environmental Health Specialists (REHS)
<p>OBSERVER, TITLE, ORGANIZATION & ROLE</p>	<ul style="list-style-type: none"> • Carly Trill –Community Coordinator, Neighborhood Connections to Health (NCTH), note-taker and report co-writer
<p>LEAD COORDINATOR, TITLE & ROLE</p>	<ul style="list-style-type: none"> • Angelica Espinal-Garcia –Health Educator, lead facilitator and report co-writer

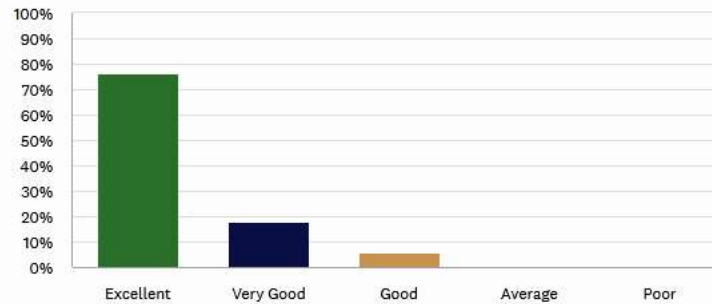


APPENDIX D: KEY INFORMANT SURVEY RESULTS

17 Key Informant surveys were collected from key community partners within the FAHD service area.

How would you rate your overall experience working with the Freehold Area Health Department (FAHD) on the COVID-19 Emergency Response?

Answered: 17 Skipped: 0



ANSWER CHOICES	RESPONSES
Excellent	76.47% 13
Very Good	17.65% 3
Good	5.88% 1
Average	0.00% 0
Poor	0.00% 0
TOTAL	17

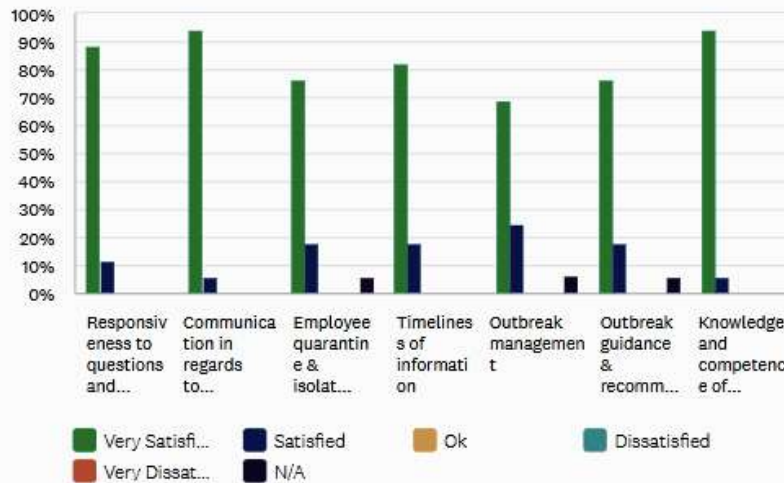
Please share areas of success that you experienced while working with FAHD during the COVID-19 pandemic.

1. Understanding of guidance.
2. Getting supplies when needed in an emergency.
3. FAHD is very responsive at all times.
4. Communication with staff, Health Officer was excellent.
5. Someone was always there to answer my calls.
6. Brett Nance is a pleasure to work with. She is knowledgeable on current COVID recommendations.
7. Very nice experience.
8. The school remained open to in person learning for the duration of the pandemic with assistance from the health department.
9. We were able to limit our outbreak and treat residents effectively.
10. Communication and guidance.
11. Brett Nance is an excellent resource and very responsive.
12. Communicating with Brett Nance was a huge help to the school nurses during the pandemic. She took our phone calls and text messages day or night and on weekends. She provided a sense of calm rational thinking during the most stressful of times.
13. Any time I had a question or a positive case, I would reach out and get the guidance needed to work through it. I never had a problem with that. Brett was very helpful!
14. Margy and Brett were very responsive with any question our district had. Their guidance was crucial to running our district during the pandemic.

KEY INFORMANT SURVEY RESULTS (continued)

Please rate your experience & satisfaction with FAHD on the following:

Answered: 17 Skipped: 0



	VERY SATISFIED	SATISFIED	OK	DISSATISFIED	VERY DISSATISFIED	N/A	TOTAL	WEIGHTED AVERAGE
▼ Responsiveness to questions and inquiries	88.24% 15	11.76% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	17	4.88
▼ Communication in regards to changes and standards	94.12% 16	5.88% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	17	4.94
▼ Employee quarantine & isolation guidance	76.47% 13	17.65% 3	0.00% 0	0.00% 0	0.00% 0	5.88% 1	17	4.81
▼ Timeliness of information	82.35% 14	17.65% 3	0.00% 0	0.00% 0	0.00% 0	0.00% 0	17	4.82
▼ Outbreak management	68.75% 11	25.00% 4	0.00% 0	0.00% 0	0.00% 0	6.25% 1	16	4.73
▼ Outbreak guidance & recommendation	76.47% 13	17.65% 3	0.00% 0	0.00% 0	0.00% 0	5.88% 1	17	4.81
▼ Knowledge and competence of	94.12% 16	5.88% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	17	4.94

KEY INFORMANT SURVEY RESULTS (continued)

Please share areas of improvement that you identified while working with FAHD during the COVID-19 pandemic.

1. I did not find any problems. I just hated all the tracking but it had to be done.
2. We love that you have a bilingual staff always willing to help.
3. They were able to guide us through the many confusing directives and offer us the latest strategies for avoiding and responding to Covid.
4. In my opinion, the state's response to Covid set public health efforts back for years to come with policies that were unworkable and unpopular, for instance, masking young children or quarantining children without symptoms. While I'm not sure that FAHD could have done much, push back would have been appreciated. Officials knew when policies were wildly unpopular and forcing businesses to enforce these was unfortunate.
5. Sometimes the requirements and logistics of opening and operating a school conflicted with the guidance from the health dept. While I realize the FAHD was just relaying the information they were given from the NJDOH and CDC it was a source of frustration. Covid was a 24/7 issue for schools. Perhaps an on-call health dept. official would be helpful to handle after-hours calls from school officials.
6. I really think everything they do as far as my calling them has been helpful. Not sure what could be improved? I think everything is working well for us.
7. Having to report the extreme numbers of COVID during the height of the pandemic was extremely challenging specifically with the amount of information requested. Then to receive further inquiries into the date of discharge and having to go back into CDRSS to redo everything was an unnecessary amount of work. Patients in a hospital setting cannot be followed through discharge - there were too many cases to report. Once laws are passed - they are not revisited.

Do you have any other comments, questions, or concerns?

1. Glad that the pandemic is over! And we all survived! Thanks for all your help
2. Staff always went above and beyond to assist the district.
3. We communicate with FAHD regularly and feel like we have partners in infection prevention. They are knowledgeable, and easy to talk to. If they don't have an immediate answer, they will contact higher authorities until the answer is found. Brett Nance is my go-to, but I have had good experiences with all.
4. We are seeing a dramatic decrease in willingness to vaccinate. Promoting (and in some case mandating) Covid vaccines that were marginally effective to age groups that were never really at risk has severely tarnished public health efforts.
5. Thank you everyone in the FAHD for all your support!
6. Brett Nance has been more than helpful to me during Covid. She shares information in a timely manner and explains procedures that make it easy to understand.

APPENDIX E: ACRONYM LIST

Acronym	Definition
AAR	After Action Report
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
DOH	Department of Health
EUA	Emergency Use Authorization
FAHD	Freehold Area Health Department
FDA	Food & Drug Administration
HD	Health Department
LHD	Local Health Department
LTC	Long Term Care
NCTH	Neighborhood Connections to Health
NJDOH	New Jersey Department of Health
NJIIS	New Jersey Immunization Information System
PCG	Public Consulting Group
REHS	Registered Environmental Health Specialist
TDB	To Be Determined
VNA	Visiting Nurse Association
WHO	World Health Organization