

DHW CONNECTION

A newsletter for the employees of the Idaho Department of Health & Welfare

STATE HOSPITAL WEST ON TRACK TO OPEN IN SPRING 2021



Volume

28

Sep. 4, 2020

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The view from the nurses' station looking toward patient rooms at State Hospital West (still under construction).



DHWCONNECTION

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STATE HOSPITAL WEST ON TRACK TO OPEN IN SPRING 2021

Written and photographed by Jon Meyer, Behavioral Health



Nestled between Ridgecrest and Centennial golf courses on a picturesque piece of state property along the Nampa Interstate 84 corridor, Idaho's new adolescent psychiatric hospital is progressing quickly toward opening its doors next spring.

Located on the grounds of the Southwest Idaho Treatment Center, the 18,000 square foot State Hospital West (SHW) building will have the capacity to provide treatment to 16 adolescents between 11 and 18 years old. It will provide a secure setting for youth to receive more intensive comprehensive behavioral health services than they could receive in a community hospital environment, 24 hours a day, 365 days a year.

For many of them, it will mean that they are closer to family and the social support systems that will help them be successful in working toward a transition back to their homes. That's because the hospital will replace the adolescent unit at State Hospital South in Blackfoot. Research for the SHW project indicated more than half of State Hospital's South's adolescent clients came from the Treasure Valley.

With the hospital now closer to the communities where its clients' families are, future hospital administrator Gina Westcott sees this as an opportunity to "amp up engagement" and involve families in treatment teams even more.

With the hospital now closer to the communities where its clients' families are, future hospital administrator Gina Westcott sees this as an opportunity to "amp up engagement" and involve families in treatment teams even more.

"One of my goals is that parents are actively involved from the very beginning, in the middle and in the end," said Westcott, the Division of Behavioral Health's Southwest Hub Administrative Director. In addition to psychiatric stabilization, the goal is to "engage families in the care of their kids so when they return to the community, they will be successful," she added.

Youth will mostly be referred to SHW through community hospitals, when a need for more intensive care becomes apparent. Youth will be assessed by Department of Health and Welfare clinicians before the hospital staff evaluates their eligibility for admission, communicating with their family throughout the process.

The average length of stay at State Hospital South's adolescent unit was around 30 days for youth, but that doesn't include time they may have also spent in a community hospital.

"The typical hospital length of stay is relatively short-term and we want to make that time supportive, caring, and help families feel that they are getting the best care possible," Westcott said.

Even with construction continuing – paving and landscaping are set to be complete this fall – the dedication to parent involvement and a therapeutic environment is already obvious as you enter the SHW building.

Two family consultation rooms are located immediately off the lobby where parents enter and check in at the registration desk. Natural light fills the building through large windows overlooking the grounds. Further inside the building, there are 16 single bedrooms for youth, with a shared bathroom for each two rooms. All the rooms are visible from a centralized nurses station situated similar to the hub on a wheel, with the two sides of the patient wing spread out like diagonal spokes. Directly in front of the nurses' station, staff will have full view of an outdoor courtyard that youth will have access to.

In addition, SHW will have a covered multi-use outdoor area, a full-service kitchen, dining room and classroom, comfort and safety rooms, additional family therapy rooms, and video conferencing abilities available throughout the building.

There will also be space for the 55 employees SHW will employ, including staff conference rooms, break room and offices.

With youth and adolescents, you want a "lot of areas that are therapeutic, warm, bright and cheerful," Westcott said. "There is nowhere in this facility that you can't see the natural views. It will be very calming."



Views of the nurses' station at State Hospital West.

We're catching up a bit on the questions we have received from you since about the middle of July, so we have several today. Thank you to the DHW leaders who helped provide the answers for these questions. Please send me your Ask the Big Boss questions by selecting the orange Ask the Big Boss box on the homepage of InsideDHW.

QUESTION:

Have we ever considered changing our name to be the Department of Health? In looking at other states, it seems like many around us including Utah and Nevada have dropped the "welfare" part of their name. Thanks in advance for your answer.

Submitted by Caroline Messerschmidt

ANSWER:

Changing the name of the department is currently under consideration, but there are considerable challenges to address, the biggest of which are the approval and funding (for rebranding) from the Idaho Legislature. So stay tuned for that.

The name under consideration is Idaho Department of Health and Human Services, since the department is made up of eight divisions, including Public Health, Welfare, Medicaid, Licensing and Certification, Behavioral Health, Information and Technology, Management Services, and Family and Community Services.

Response by Director Jeppesen

QUESTION:

We have been teleworking for months now and looks like we could be for a long time to come. Personally, I would like to continue teleworking even after the pandemic. My question is, I have a reserved parking spot and continue to pay the monthly fee to keep it. I don't want to cancel my permit as it took four years to get a reserved spot, but I don't think we should have to continue to pay for them while teleworking due to the pandemic. Even the few times I have gone into the office since March there has been someone parked in my spot, so I couldn't even use it. Is it possible to suspend permit fees temporarily until the pandemic is under control?

Submitted by Dana Lewis

ANSWER:

Parking in downtown Boise is administered by the Capitol Mall Security. For information about your options, please email parking@adm.idaho.gov, or call 208-332-1932.

QUESTION:

Thank you for all the information regarding COVID. My question is in regards to the number of cases in Idaho and the amount of testing being done. I looked at the [DHW website for testing rates vs new cases](#). The rate of testing quadrupled and so did the number of cases. Is it possible we've had a steady amount of cases in the state for many months, but we are testing more which makes it seem like our cases are rising, but in reality, the infection rate hasn't changed? I know nursing homes have been testing employees more since the beginning of June.

Also, the method for counting and reporting death rates seems to be skewed because they count probable deaths if they had COVID like symptoms and evidence of exposure without an actual test. It seems if a smoker with a high fever passed away, they could be counted as a COVID death. I mean no disrespect for what we are doing, but the state's reaction of panic and restrictions. Seems confusing in light of the reality of the data. Thanks for listening!

Submitted by Mark Uptmor

ANSWER:

Comparing the number of tests with the number of cases doesn't tell us the whole story. It makes sense that as more tests are done, more infections might be identified. For this reason, we also look at the percentage of the tests that are positive to determine if the increase in cases is a result of increased testing OR the increase in cases is because more virus is circulating. This measure, called "percent positivity," is one way to determine how widespread infection is in the area where testing is being done.

A high percent positivity indicates high coronavirus infection rates. Even as our testing increased during June, the percent positivity increased at a higher rate because the virus was circulating in a higher percent of the population than it had been before June. When percent positivity remains unchanged, we know the new cases identified are likely a result of additional testing. Unfortunately, that was not the situation for Idaho in June and July as percent positivity rose from 2.7 percent to a high of 14.85 percent. However, our percent positivity has been decreasing during August, which is a sign less virus may be circulating. Our current percent positivity is 8.3 percent.

For the second part of your question: COVID-19 related death counts are based on the information provided on the death certificate by the person who certifies the death. In order to be counted, the certifier must indicate that COVID-19 or infection with the virus that causes the disease, SARS-CoV-2, was either an underlying cause of death or a significant condition contributing to death. The department does not make the cause of death determination – that is made by the certifier of the death certificate, which is often a physician or coroner.

The professionals in Idaho who certify deaths understand the importance of a death certificate as a legal document and use the guidance provided by the National Center for Health Statistics (NCHS) to certify COVID-19 related deaths and there are specific criteria. Using the NCHS guidance ensures deaths are recorded and counted the same way throughout the United States.

The example of a smoker with a fever would NOT be counted as a COVID-related death because it wouldn't meet the criteria and guidance provided by NCHS and CDC.

Response by Dr. Kathryn Turner, deputy state epidemiologist, Division of Public Health

QUESTION:

I want to verify how long it is before we can purge files for CMH (Children's Mental Health). I go onto our website here and enter purging files or destruction of files and get info on evacuation during an emergency. Then I found out the word to look for is Retention. So I look up retention and I get info on teacher retention. I cannot find answers on this website and it is causing me to waste a big part of my day.

Submitted by Janalie Anello

ANSWER:

Thank you for expressing your concern with being able to readily and expediently access information on our internal IDHW SharePoint site. We apologize that you have not been able to find the answers you seek regarding record retention using the search function. Specific to the Division of Behavioral Health, our policies and procedures can be found on the SharePoint site under the DBH Policy Manual. Policy number 14-02 Behavioral Health Records Retention specifically addresses retention of records. If you find you still have question specific to CMH records after reading the policy you can reach out to Treena Clark, DBH policy, planning and communications manager. Following is the direct link to our policy.

<https://sharepoint16.dhw.state.id.us/sites/BH/policy/eManuals/BHPolicyManual/index.html#!Documents/1402behavioralhealthrecordsretention1.htm>

Additionally, you can reach out to your program manager or Jamie Teeter, deputy division administrator, any time you get stuck finding needed answers.

Response by Jamie Teeter, deputy division administrator

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It's not too late to respond to the Census

If you haven't responded or you know someone who hasn't filled out their census forms, it's not too late. It's quick and easy, and it's safe and secure.

Learn more by visiting 2020census.gov

SERVICE AWARDS NEWSLETTER

HONORING THOSE WHO HAVE REACHED SERVICE MILESTONES

Volume 10, Issue 6 • June 2020



The Service Awards Newsletter features several employees with June anniversaries, including **Terrie Peck** - 30 years, **Florence Clarke** - 25 years, and **Luke Gushwa** - 20 years. **Click here to see more employees who have earned service awards.**

NEW SECURITY POLICY FOR VOICEMAIL PIN COMING SOON

Written by Janet Sanabria, ITSD

A new feature for securing our VoIP voicemails will be implemented on the evening of September 8. The security policy will block the use of “trivial passwords,” which is an easy-to-guess PIN. The policy will prompt for a new 5-digit voicemail PIN to be set that satisfies the new “non-trivial password” rules.

When will the new voicemail PIN be enforced?

After the update on the evening of September 8, the first time you log into your voicemail box you will be prompted to change your PIN.

This will be the first phase of this process. In Phase II, we will secure our general voicemail boxes, too, but that date has not yet been set.

How do I update my voicemail PIN?

When you have direct access to your phone:

- Press the voice message button and enter your current PIN
- Press 4 to enter set up options
- Press 3 for preferences
- Press option 1 for PIN and follow the instructions.

When you are away from your VoIP phone:

- From an outside line, dial 208-334-2054
- Enter your ID (5-digit VoIP phone number), followed by #
- Enter your PIN, followed by #
- Press 4 to enter set up options
- Press 3 for preferences
- Press 1 for PIN and follow the instructions.

What are the new “non-trivial password” PIN rules?

- The minimum PIN length is 5-digits
- The PIN cannot match the numeric representation of the first or last name of the user.
- The PIN cannot contain the primary extension or alternate extensions of the user.
- The PIN cannot contain the reverse of the primary extension or alternate extensions of the user.
- The PIN cannot contain groups of repeated digits, such as “408408” or “123123.”
- The PIN cannot contain only two different digits, such as “121212.”
- A digit cannot be used more than two times consecutively (for example, “28883”).
- The PIN cannot be an ascending or descending group of digits (for example, “012345” or “987654”).
- The PIN cannot contain a group of numbers that are dialed in a diagonal, vertical or horizontal straight line on the phone keypad (for example, the user cannot use “159”, “159730”, “147”, “147365”, “123” or “123597” as a PIN).

If you need additional help after the change has been implemented, please submit an IT Service Manager ticket or call the IT Service Desk at VoIP x45673, option 1, option 2.

Voicemail PIN Reset on September 9th to 5-Digits



To better secure our voicemail messages, all personal VoIP PINs will be reset to implement non-sequential 5-digit PINs.

Idaho to remain in Stage 4, Gov. Little urges Idahoans to get flu shots

Gov. Brad Little announced on Thursday that Idaho will remain in Stage 4 of the [Idaho Rebounds plan](#) for another two weeks while he also emphasized the need for Idahoans to get flu shots to protect themselves and their families and lighten the burden on Idaho's healthcare system.

Overall COVID-19 hospital admissions statewide are still too high to move past Stage 4, but Gov. Little said a lot of progress is being made.

"Statewide, our numbers and metrics are looking pretty good. In fact, even in many of the 'hot spots' we are seeing encouraging trends. But that is not a reason to let our guard down. As we approach fall, the opportunity for community spread will increase and we need to ramp up our personal actions," he said.

Gov. Little noted that dropping temperatures will drive people indoors where they will be sharing physical space, and he encouraged all Idahoans to take steps to be safe and protect their friends and family.

Importantly, because flu season is approaching. Gov. Little urged Idahoans to get a flu shot to make sure that healthcare resources are available for those who need them.

"These variables threaten our healthcare capacity – the very thing we are trying to protect so that our economic rebound can continue and so our students can learn in their classrooms where they deserve to be," he said.

Idahoans are urged to ramp up their personal actions to prevent the spread of coronavirus and the flu, including:

- Wearing a mask in public
- Avoiding large gatherings of people, especially indoors
- Keeping physical distance from others
- Washing hands and cleaning surfaces regularly
- Staying home if you're sick

Some masks come with replaceable carbon filters. Do they help prevent COVID-19?

Generally, thicker masks or masks with more layers are more effective at filtering out COVID-19, but they can be harder to tolerate wearing for long periods of time. As masks and face coverings become more widely available, there are lots of things to consider, including the material of your masks and whether you should use a filter. The main rule of thumb from public health experts is that the best mask to wear is the one you can wear consistently and comfortably.

If you choose to use a filter, use one that you can breathe through and that isn't made from materials you should not breathe in. A filter can be made from all kinds of materials, but the effectiveness of carbon filters in masks is still unknown.

[The Centers for Disease Control and Prevention](#) has good information about masks, materials, and the proper way to wear them.

If someone tests positive multiple times, will that be counted as multiple cases, or are all positive tests for a single person lumped together as one case?

It depends on how long it's been between tests, and other factors. The science on SARS-CoV-2 indicates an infected person can shed the virus for an extended period of time or sometimes shed it sporadically – meaning they can test positive, then negative, then positive again.

It is assumed that if a person tests positive again within 90 days of their first positive test, they are shedding the virus from their initial infection. If a person was tested again after being infected and it has been more than three months since their initial test result, they might be counted as a new case, depending on the circumstances.

Why doesn't the state or local health districts count out-of-state residents who test positive for COVID-19 in Idaho?

Public health departments at the state and local levels often don't receive test results for out-of-state residents. The lab that performs the test sends the result to the state where the person tested has indicated is their address. If test results are received in Idaho and it is determined that person isn't a resident of Idaho, the results are sent to that person's state of residence for investigation and follow-up. This is common and consistent public health practice throughout the United States – public health authority to have personal health information applies to residents in their states. However, we are working with universities to see if and how we can get summary information on their student populations, many of whom may list out of state legal residence when they are tested.

Do asymptomatic carriers of the virus that causes COVID-19 have a fever or increased temperature?

No – since they are asymptomatic, that would mean they are not experiencing symptoms of COVID-19, which would include a fever. However, some people who are asymptomatic initially, may develop symptoms the following day, or a few days later.

[The symptoms of COVID-19 can vary from none at all to very severe.](#) This is why following the recommended guidelines – and especially wearing a face covering in public, maintaining 6-feet of physical distance, and staying home if you feel sick – is so important. It's possible to spread the disease without knowing it.

Is it possible to get the flu and COVID-19 at the same time?

Technically, yes. They are two different viruses, and right now, we are not seeing much flu activity, so we haven't seen this happen. However, as flu ramps up this fall, this could occur more often. That's why it's so important to be sure to get your annual flu vaccine this fall. The vaccine really is your best protection against the flu, which is a serious disease that kills up 61,000 people each year.

Can ultraviolet C lamps inactivate the SARS-CoV-2 coronavirus?

UVC radiation is a known disinfectant for air, water, and nonporous surfaces. UVC radiation has effectively been used for decades to reduce the spread of bacteria, such as tuberculosis. For this reason, UVC lamps are often called "germicidal" lamps.

UVC radiation has been shown to destroy the outer protein coating of viruses related to the SARS-CoV-2 virus that causes COVID-19. The destruction of the outer coating ultimately leads to inactivation of the virus. UVC radiation may also be effective in inactivating the SARS-CoV-2 virus. However, there is limited published data about the wavelength, dose, and duration of UVC radiation required to inactivate it.

In addition to understanding whether UVC radiation is effective at inactivating a particular virus, there are also limitations to how effective UVC radiation can be at inactivating viruses, generally.

- **Direct exposure:** UVC radiation can only inactivate a virus if the virus is directly exposed to the radiation. Therefore, the inactivation of viruses on surfaces may not be effective due to blocking of the UV radiation by soil, such as dust, or other contaminants such as bodily fluids.
- **Dose and duration:** Many of the UVC lamps sold for home use are of low dose, so it may take longer exposure to a given surface area to potentially provide effective inactivation of a bacteria or virus.

UVC radiation is commonly used inside air ducts to disinfect the air. This is the safest way to employ UVC radiation because direct UVC exposure to human skin or eyes may cause injuries, and installation of UVC within an air duct is less likely to cause exposure to skin and eyes.

There have been reports of skin and eye burns resulting from improper installation of UVC lamps in rooms where people spend time.

Source: FDA: <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/uv-lights-and-lamps-ultraviolet-c-radiation-disinfection-and-coronavirus>

To slow the spread of COVID-19 in Idaho, we all need to work together. Remember to:

Keep at least six feet between you and others in public

- [Wear face coverings in public places](#)
- Stay home if you are sick
- Wash your hands often
- Cover coughs and sneezes
- Disinfect surfaces and objects regularly

Resources

Stay up-to-date with the latest and most accurate information on COVID-19 at the following websites:

- [CDC Coronavirus Disease Website](#)
- [Idaho's Coronavirus Website](#)
- [Idaho Rebounds Website](#)
- [One.Idaho.gov](#)

DHW also posts lots of information about Idaho's response to COVID-19, including daily updates on the numbers on Twitter, Facebook, and Instagram.

UPDATE ON DHW'S CUSTOMER EXPERIENCE PROJECT

A sub-committee of the department's Customer Experience Committee has been focused on improving the Katie Beckett online eligibility process through a new and improved experience on the new DHW website (website coming soon!).

Katie Beckett is a Medicaid eligibility category for children living at home with long-term disabilities or complex medical needs, who may be eligible for Medicaid services even if their family income is above Medicaid federal poverty guidelines.

The sub-committee (Julie Hammon, Miren Unsworth, Lori Wolff, Kelly Petroff, and Beth Kriete) are working to help eligible families understand and easily complete information needed for the program. As this new process is outlined and implemented, it will serve as a blueprint for the future of other DHW online experiences.

[Home](#) | [Services & Programs](#) | [Medicaid & Health](#) | [About the Katie Beckett Program](#)

Katie Beckett

A special program for children with complex medical needs or disabilities who live at home with their families

Explore this Section

[About the Katie Beckett Program](#)

[Apply for Katie Beckett](#)

[Manage my Katie Beckett Medicaid](#)

About the Katie Beckett Program

Katie Beckett is a Medicaid program for children living at home with long-term disabilities or complex medical needs, who may be eligible for Medicaid services even if their family income is above Medicaid federal poverty guidelines.

To determine eligibility, please apply for both Medicaid and the Katie Beckett Program at the same time.

If your child is approved for the Katie Beckett program, a premium will be assessed based on your family's income. If you are unable to pay the premium, your child's eligibility will not be impacted.

A sneak preview of the new online Katie Beckett process that will be available through the new DHW website.



HOW WE USE COMMUNICATIONS AND MARKETING AT DHW

What is the difference between earned, owned, and paid media? And how do we use this at the department?

As all divisions try to communicate changes and services during the pandemic, transparent and consistent communications have become a priority at the Department of Health and Welfare (DHW).

At DHW, we answer questions and calls from television stations and newspapers every day, we post messages on our channels, and in some programs, we pay for billboards, radio and television commercials, and even bus wraps. In media language, these are called earned media, owned media, and paid media.

So what's the difference?

EARNED MEDIA consists of all the content and conversation around our name that has been created by somebody else and published somewhere other than our own channels. Newspaper articles and television reports are good examples of this. At DHW, earned media is a given, especially during the COVID-19 era. And, at DHW, the Office of Communications is the liaison for interviews or the sharing of information that results in earned media.

OWNED MEDIA consists of the channels where we publish our own content. That would be Facebook, Twitter, LinkedIn, Instagram, YouTube, the DHW Voice blog, our websites, and our internal newsletter. Most of the content shared through our owned channels comes through the Office of Communications specific DHW programs.



PAID MEDIA consists of boosted (paid) social media posts, digital advertising, billboards, radio and TV ads, and other paid channels. The Division of Public Health (as one example) uses these marketing tactics in their work to drive people to additional information or to take an action.

So what is Marketing Communications?

This is an overarching term that refers to all tools used for a campaign to reach targeted audiences and drive an action. This can include public relations, events and experiences, advertising, direct marketing, blogs, word-of-mouth, social media, digital and display advertising, and more. Marketing communications includes the message (what we say), the medium (where we say it), and the target (audience we are trying to reach).

DHW is grateful for the many staff members focused on the sharing of accurate and consistent information that helps Idahoans view us a trusted source of information.

COVID-19

- **Low-income families to get payment for missed school lunches (Aug. 20):** Idaho is the last state to start, but it began sending out retroactive payments on Aug. 25 to families with children eligible for free- or reduced-price school lunches who missed out on those meals during school closures due to the coronavirus pandemic. Idaho will be distributing about \$302 per child to about 127,000 children by the end of September.
- **Idaho health districts face protests, threats as they tackle pandemic (Aug. 20):** As they cope with the coronavirus pandemic, Idaho's public health districts also are facing threats to their staff, protests, lawsuits and other challenges, directors of four of the districts told state officials. Health district directors describe mask-burning parties, vandalism involving spray paint, and express frustration of the politicization of the pandemic response in Idaho.
- **Physicians call on Idaho's leaders, health districts for 'system overhaul' to fight COVID-19 (Aug. 20):** A flood of patients seeking testing and medical attention for COVID-19 has prompted family physicians and primary care providers in the Treasure Valley to restructure their clinics, even as much of the state continues returning to normalcy under Stage 4 guidelines. Nearly 40 family doctors say the area's reopening is no longer sustainable — and they called on health districts and elected leaders to do more.
- **Statewide positive COVID-19 test rate continues to decline (Aug. 22):** After peaking at 15 percent in early July, Idaho's positive COVID-19 test rate has continued to drop. For the week of Aug. 9 – 15, state officials for the Department of Health and Welfare recorded a 9 percent test rate. As of Sept. 2., the positivity was at 8.3 percent.
- **Moscow proposes temporary daycare facilities (Aug. 25):** The Moscow School District board voted earlier this month to start the school year Sept. 14 with a hybrid instructional model, which includes two days of in-school instruction a week and three days of distance learning. The school district is also offering an online-only option that several students will utilize this fall semester.
- **Regional COVID update: Long-term care cases spike in eastern Idaho (Aug. 28):** As coronavirus cases in Idaho long-term care facilities continue to grow, state officials report another 32 coronavirus cases linked with eastern Idaho long-term care facilities. Since the pandemic started, eastern Idaho long-term care facilities have seen 74 coronavirus cases and two deaths. The bulk of new cases — 27 — are in Bonneville County, according to a weekly report released by the Idaho Department of Health and Welfare.
- **169 Idaho nursing homes and care facilities have had COVID-19 outbreaks (Aug. 29):** More than 2,000 cases of COVID-19 have been reported in Idaho's nursing homes, assisted living facilities and group homes since the pandemic reached Idaho in March, according to Idaho long term care and federal nursing home records. There have been 169 facilities with at least one case, the records show. Of those, 111 reported no new suspected or confirmed cases among residents or staff in the most recent case data. The other 58 outbreaks are growing. Dozens of facilities have managed to halt the coronavirus before it could infect more than one resident or staff member, records show. Others have reported large outbreaks, some with dozens of cases. COVID-19 has taken the lives of at least 196 people in Idaho's long-term care facilities.
- **Idaho nursing homes were visited by state inspectors who didn't realize they had COVID-19 (Aug. 29):** Two state inspectors who visited Idaho nursing homes in July were unknowingly infected with the coronavirus at the time, according to the Idaho Department of Health and Welfare. The inspectors were at the nursing homes to review how well the facilities followed federal rules to prevent the spread of COVID-19. The state notified four nursing homes about potential exposure out of an abundance of caution.

COVID-19

- **Nursing home surveys find 66 citations for infection control (Aug. 31):** The Idaho Department of Health and Welfare has completed 115 infection control surveys in Idaho's 82 nursing homes, identifying 66 citations that needed correction. The other 49 surveys found no deficiencies in nursing homes' infection control measures. Of the citations, nine involved issues that put residents in immediate jeopardy, the department announced Friday; these are situations that put residents at risk of serious injury, impairment or death and require immediate enforcement. Facilities with a citation must create a correction plan. Unresolved citations can result in fines, bans on new admissions into the facility or revocation of the facility's license.

Other

- **More Idahoans should get the flu vaccine each year (Aug. 24):** Idaho ranked fourth-lowest in the nation for children receiving a flu vaccination, at just 48 percent, one of just five states in the country with a rate below 50 percent, according to data from the American Academy of Pediatrics compiled by QuoteWizard. With the coronavirus pandemic still raging and many schools and colleges reopening and high school sports seeking to resume, it's vital that we get those numbers up.
- **Pilot program aims to help cancer survivors (Aug. 26):** The Idaho Department of Health and Welfare is helping to give cancer survivors a way to stay health and reduce their risk of getting a second cancer. They are holding a program called "Fit and Fall Proof." The program will be held at XrossWay Fitness in Twin Falls. The "Fit and Fall Proof" program was started in Idaho in 2005 as a way for older adults maintain balance, flexibility and strength and to prevent falls. Now the state cancer prevention program is partnering with Fit and Fall Proof because of new evidence that cancer survivors have a better chance of recovery and have less of a chance of their cancer returning if they are active.
- **Idaho recognized among top performing state for critical access hospitals (Sept. 1):** Every year, the top-10 performing states for critical access hospital data reporting rates and levels of improvement are recognized by the Health Resources and Services Administration's Federal Office of Rural Health Policy, according to Idaho Department of Health and Welfare, and this year Idaho ranks fourth. Idaho has 27 critical access hospitals, which are facilities that have up to 25 in-patient beds, maintain an average length of stay of 96 hours or less for patients, provide 24/7 emergency services, and are located more than 35 miles from another hospital or 15 miles in mountainous terrain. These are Idaho's smaller and rural hospitals.
- **Gov. Little names Russ Barron new agency head (Sept. 1):** Gov. Brad Little has named Russ Barron to head the Idaho Division of Occupational and Professional Licenses. Barron is a former director and deputy director of the Idaho Department of Health & Welfare who currently serves as executive director of the Idaho Board of Nursing. He had worked for Health and Welfare for more than 20 years.

"IN THE NEWS" are featured snippets compiled from Idaho news sources, including the Idaho Press, KTVB, Idaho Statesman, Times-News, Post-Register, Lewiston-Tribune, East Idaho News, and more.