


ALLEGAN COUNTY HEALTH DEPARTMENT



COVID-19 RESPONSE COMMUNITY AFTER- ACTION SURVEY REPORT

JUNE 2022



HEALTH
Department

AFTER ACTION REPORT

Executive Summary

Allegan County Health Department (ACHD) conducted an "After-Action" survey and two focus group sessions to gather feedback surrounding the COVID-19 pandemic that will help improve future public emergency response protocols in Allegan County.

58 SURVEY QUESTIONS
+ sections to write areas for improvement

Distributed to:
29,000+ email subscribers, ACHD social media channels, EOC Annexes through Emergency Manager

371 total survey responses, of which, 66.4% were community members

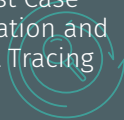


6 MAIN EVALUATION AREAS

Enhanced Ability to Test



Robust Case Investigation and Contact Tracing



Sufficient Health Care Capacity



Best Practices for Organizations



Community Vaccination, Treatment, and/or Herd Immunity



Emergency Operations Center (EOC)



SURVEY HIGHLIGHTS

- 57.1% of participant agencies understood the local public health guidance actions that were necessary to protect the public



- 68.7% of survey participants agreed that there was access to testing.



- 71% of survey participants agreed that different sectors providing support were helpful in this pandemic response



- 72.9% of survey participants agreed vaccine was accessible within 20 minutes from their house



- Case investigation and contact tracing were very split among participants, some had great experiences some never received calls.



- 81% of participants reported feelings of isolation and sadness during the pandemic.



Focus Groups were split into 2 sessions:
Emergency Operations Committee (EOC) and Community Members

FOCUS GROUPS

EOC MEETING
8 attended



Both meetings suggested having a stockpile of PPE readily available

FEEDBACK

- Quarterly MICIMS trainings
- Combined contact tracing practices
- COOPs, COGs, and COBs written before a future hazard

FEEDBACK

- More frequent communications sent surrounding COVID-19 variables
- Hold quarterly Community Council meetings
- Closer vaccine locations necessary

COMMUNITY MEETING
3 attended



3 MAJOR PRIORITIES

Information sharing



Public Health Surveillance and Epidemiological Investigation



Emergency Operations Coordination



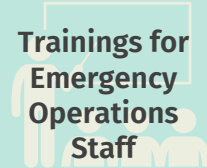
NEXT STEPS

Strengthen these areas:

Communication channels for public health emergencies



Trainings for Emergency Operations Staff



Collaboration and tools for outbreak management, case investigation

Background:

An “After-Action” survey is a tool to collect information from community members along with key community stakeholders to capture a broad understanding of how our community viewed the Allegan County response to the COVID-19 pandemic. An After Action Report (AAR) and Improvement Plan are standard practices after all emergency preparedness exercises, drills, tabletops, and full scale events. An AAR provides analysis for lessons learned, best practices and recommendations for future planning, training, and exercise development.

The ACHD conducted the “After-Action” survey related to the COVID-19 pandemic response in Allegan County throughout the four phases.

- Phase 1: March 2020-September 2020- Michigan’s Stay Home, Stay Safe Order, mask orders across the state
- Phase 2: October 2020-April 2021- Fall surge of cases, vaccine deployment based upon prioritized groups (age profession, high risk for server disease)
- Phase 3: May 2021-November 2021- Vaccine became widely available and all individuals ages 5 and older could get a COVID-19 vaccine. Allegan County Health Department had a local public health order in place for a mask requirement in K-6 grade educational settings
- Phase 4: December 2021-Present day- Omicron surge, to entering a post-surge recovery where many mitigation strategies have lightened

The goal of this survey was to gain feedback to guide and improve the work of future public health emergency responses. The survey was distributed to key community stakeholders along with community members to help the ACHD better understand how everyone felt throughout the four phases. As the pandemic has reached across multiple years, it’s important to see how the ACHD has performed in each individual phase, along with as a whole.

A question was listed in the After Action Survey asking the participants if they would want to participate in an additional focus group.

Two focus groups were held in order to allow participants to further elaborate on their feelings and thoughts on the pandemic, and how all four phases were handled.

Methods:

Four key questions were used to guide the question-making process.

- What was expected to happen?
- What actually occurred?
- What went well and why?
- What can be improved and how?

Using these four questions as a baseline along with research of other action surveys (Ex. [Public Health Emergency Exercise Toolkit](#)) allowed the ACHD to create a set of 58 questions. The questions were formed using the goals stated in the incident action plan and then Likert scales

were used to develop the questions and responses. The questions included specific sections directed at areas of outbreak coordination that included: General COVID-19 questions, Ability to test, Case Investigation/Contact Tracing, Sufficient Health Care Capacity, Best Practices for Organizations, Vaccine Immunity/Treatment/ and Herd Immunity, Emergency Operations, and Focus Group. For many of the questions if the participants selected “Disagree” or Strongly Disagree” they would be directed to suggest improvements that could be made in that area.

The survey was distributed to our community leaders and stakeholders along with the Allegan County Emergency Operations Center annexes. It was distributed in our monthly email newsletter that was distributed to 28,000+ individuals and was also promoted on our social media channels. The survey was able to capture 371 total responses, of these responses, 60% (66.4% if you include other options ex. teachers) were community members.

Two focus groups were conducted with those who selected that they would be willing to participate in a further focus group in the After Action Survey. The meetings were both held virtually and in-person (hybrid) with one meeting held for the Emergency Operations Committee (EOC) members and the other for community members. Each meeting lasted approximately one and a half hours. In total, the EOC meeting had eight attendees, and the community members meeting had three. The Public Health Planning and Preparedness Manager and two CDC Foundation Health Educators facilitated the two meetings. The meetings had primary focuses in testing, contact tracing and case investigation, health care capacity, best practices, vaccines/treatment/herd immunity, and data/prioritization (EOC only).

Summary of Results:

The After-Action survey covered a broad spectrum of topics and we were able to glean a lot of valuable information from all those who participated. While reviewing the responses we identified two major areas: areas of strength, and areas of improvement.

Accessibility to Information

The area with the most related questions and responses was information, which was an area of improvement for the county. Many of the questions had something to do with information or data provided to the public. Reviewing the responses, the amount of information, the quality of information, and the trust of information were split among the respondents. Many trusted the health department and followed the guidelines given, while others did not believe, or did not trust the information that was given. One question asked if the data provided was helpful for decision-making, with 49.5% agreeing or strongly agreeing (A/SA) and 41.3% disagreeing or strongly disagreeing (D/SD). When asked if public health orders were clear and supported by data 48.3% A/SA, and 47.8% D/SD. These are both areas that in the future; the ACHD can improve, by transparently posting all sources along with using easy-to-navigate information..

When asked if education material and social media posts from local organizations were useful during the different stages of the pandemic, 45.5% selected mostly or always (M/A), with 42.2% saying not at all or sometimes (N/S). Asking if data and modeling were helpful in advanced planning efforts and decision making 47.3% M/A, and 40.8% N/S. Again, using more streamlined and easy-to-understand information could be beneficial in the future, and allowing

the public to see where and how the ACHD had received its data. Some had more defined thoughts such as when asked if they/their agency was provided with public health guidance 66.1% selected M/A. In addition, the ACHD COVID-19 updates provided the information/people I know/my agency needed for decision-making, 58% responded M/A.

When discussing information sharing during focus groups, community members voiced that the health department website was not easy to navigate, did not always have timely and updated information available, and no clear information on where to get booster doses within the community.

Data and Sources

The consensus was that the public would like additional data, streamlined data, and more transparent data, such as, where sources come from, and how the ACHD came to findings or conclusions. As a local health department, ACHD is given access to a multitude of data sources, and are given vast amounts of data and information. Many comments believed some of the ACHD information was “pushed” from higher-up sources. ACHD gathered information from the CDC, MDHHS, and other state and federal sources due to their reliability, credibility, and relevance to the pandemic response. Other sources came from research articles, as this was a rapidly evolving incident.

Public Health Orders

Public health orders and agency orders were an area of success across all four phases. 57.1% of participant agencies understood the local public health guidance actions that were necessary to protect the public. 70.8% of agencies deployed a continuity of operations plan (COOP), 75% defined essential staff, and the incident command system was followed by 50.7% of agencies. Participants also responded that the different sections working together were helpful in the pandemic response (71%). In addition, the majority of participants agreed that public health goals, objectives, and strategies were communicated clearly (73.2%) and that most agencies were able to access governmental services (63%).

Mental Health

Mental health was also an area of issue throughout the pandemic. 81% of survey participants had or knew someone that had feelings of isolation and sadness during the pandemic. Mental health, and mental health resources was listed multiple times as to what one thing the participants wished they could have access to or more information on during the response. Many comments suggested more phone/video chat options. Mental health/substance abuse and primary care providers in the area are two areas that were identified as priority needs in Allegan County during the Community Health Needs Assessment process. These are two areas community stakeholders are working on creating local strategies to work on over the next three years.

Access to Testing and Vaccine

An area of strength for the ACHD was the effectiveness and access to testing and vaccine services. 68.7% of participants A/SA that testing was accessible in Allegan County, 72.9% of participants A/SA that the vaccine was accessible for them or their agency. Also 55.8% of participants selected that the community vaccine clinics were efficient M/A (33.1% were not

sure/did not apply). Comments did suggest that in Phase One the clinics did run slow, which with the size and scope of the unforeseen size of the pandemic was reasonable, and respondents did comment that by Phase Two were running smoothly and efficiently. During the community focus group, community members mentioned that while clinics were placed throughout the county, they had to drive quite a distance to get their vaccine doses in the early stages of deployment.

Contact Tracing and Case Investigation

Contact tracing was also split among the comments received. Many believed that more personnel were needed to effectively contact trace, and there were multiple comments on calls coming too late and coming inconsistently. 25.8% thought cases were investigated in a timely manner, with another 25.8% thinking the opposite. Another question found that 40.6% of respondents A/SA that close contacts were notified to quarantine, with only 22.0% D/SD. Many other respondents commented that they knew of many situations where the contact was not helpful, nor receptive to the calls leading to a prolonged process, and getting the tracer behind.

Contact tracing and case investigation were discussed in both focus groups. The EOC focus group mentioned that contact tracing efforts between businesses and the local health department could be combined to improve efficiencies, quicker notification of potentially exposed individuals, and decrease the transmission level of disease/outbreaks. The community focus group mentioned that contact tracing efforts were strong and effective throughout the pandemic but mentioned that when COVID-19 funding was removed, their confidence in ACHD's ability to provide timely case investigation was impacted negatively.

Delay of Care (non-emergent medical, dental, and mental health appointments)

An area that ACHD does not have a heavy influence on, but was identified as an area to improve was the delay and postponement of appointments. Across the county throughout each phase, many medical, dental, and mental health appointments were either postponed or canceled. 65.7% of respondents selected that they or someone they knew had delayed getting care because of the pandemic. While not something the health department can fix, the ACHD can relay how the community felt throughout the pandemic and look for clearer guidelines for future issues. 58.5% of respondents had non-emergent scheduled procedures rescheduled or postponed because of the pandemic. Comments suggested that they wish that these offices had been more direct as to what qualified for delayed care. A few comments mentioned that cancer screenings got pushed back, and some ended up with positive cancer diagnoses, which could have been caught sooner. Again, setting a standard of care that details what care is considered non-essential and making it public could be helpful in keeping the public more informed.

Personal Protective Equipment (PPE)

Another area of strength was the availability of materials throughout all four phases. 60.9% of respondents agreed that they or their agency had sufficient resources to meet basic needs. 71.2% of respondents also A/SA that PPE was widely available to their agency. The consensus was that public health materials seemed to be available, and individuals and agencies knew where to receive them.

Limitations:

The “After-Action” survey was able to be provided to a large variety of participants across the county through convenience sampling. Results from this survey are not representative of the Allegan County population. There were a few limitations when reviewing the data, which could have led to more feedback and more accurate results. A limitation of the survey was that most of the questions allowed respondents who answered certain selections to input improvement suggestions if they had any. The improvement section should have been open to all who participated. Even if a participant felt positive about an area or service, they may have had ideas to further improve a good service or area. Another limitation was that comments for each question were listed as an additional answer to each question. On certain questions, participants were able to choose more than one response, but it seemed as though most only made one selection. Again, it could have been helpful to receive comments from all participants and not just those who made that selection. The final limitation was the lack of proper comments and improvements given throughout the survey. While we accept all comments and criticism, many of the comments or improvements listed were off-topic or did not pertain to the question asked.

Conclusion:

Overall, the survey was able to collect a lot of valuable responses and information from the participants. There were many areas of improvement to be made, along with areas of strength to build off. With any pandemic response, there is always a sense of urgency, however, being able to evaluate how ACHD and Allegan County did, as a whole, over the course of the four phases, will help with creating a better experience if/when another outbreak should arise. Using strength areas such as public health orders, testing and vaccine services, and availability of materials, the ACHD can use the responses to take what was done well and implement them into the areas of improvement. As for the areas of improvement, they will be discussed to see if they are improvements, the ACHD or the County can make. Some improvement areas the ACHD may have no authority over, so relaying the information to the appropriate area will be helpful. At the end of this survey, participants were asked with they would like to participate in a focus group. The next step will be to establish and conduct the study group to find detailed information on areas of strengths and improvement.

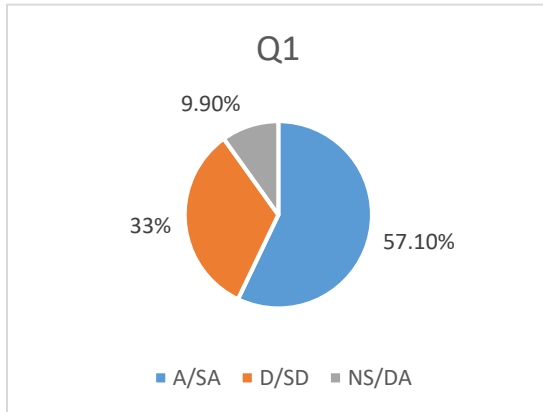
The following data shows all questions asked in the After-Action survey, along with percentages of Agree (A)/Strongly Agree (SA), Disagree (D)/Strongly Disagree (SD), or other options listed, such as Not Sure/Doesn't Apply (NS/DA), Mostly/Always (M/A), and Not At All/Sometimes (NA/S). Along with the percentages, a consensus of comments are given, and valid improvements given are listed.

Inquires:

For questions or inquiries on this report, please complete an [inquiry form](http://www.allegancounty.org/health) found on www.allegancounty.org/health.

Questions:

1. Vulnerable populations (older adults over 65 years, minorities, low-income individuals, children, etc.) needs were prioritized and addressed:

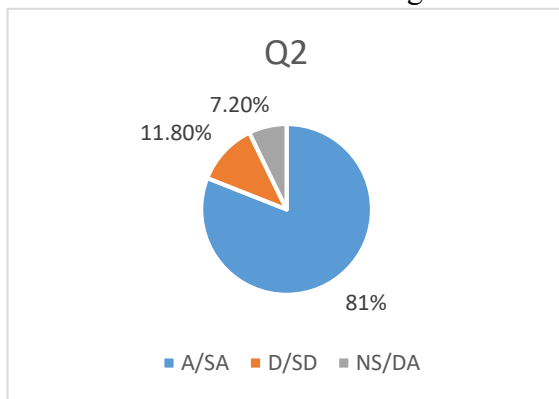


a. 57.1% A/SA; 33.0% D/SD; 9.9% NS/DA

b. **Comments:** There were two main concerns in the improvements section. The first was that during phase 1, many did not understand the reasoning behind the masking of kids and schools. The second was again, not understanding why isolation was needed.

c. **Improvements:** More data and reasoning behind isolation protocols and masking effectiveness.

2. I or someone I know had feelings of isolation and sadness during the pandemic:

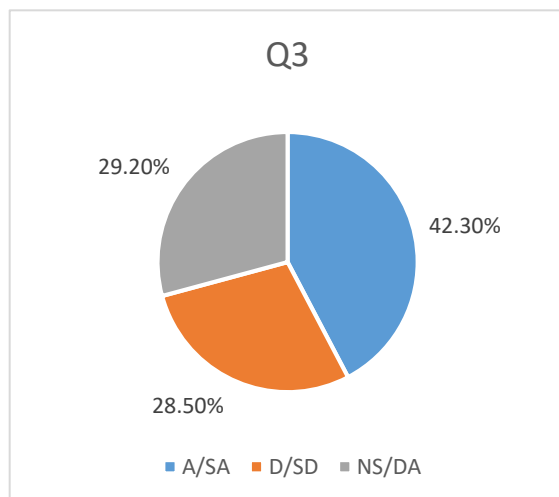


a. 81.0% A/SA; 11.8% D/SD; 7.2% NS/DA

b. **Comments:** Many comments focused on children due to staying home from school and activities. Others commented reasons for sadness due to stay-at-home orders.

c. **Improvements:** Suggestions ranged from having zero isolation, to having workers who can meet via phone/video chat and able to meet with those experiencing mental health issues.

3. I or my agency knew who to call related for support:

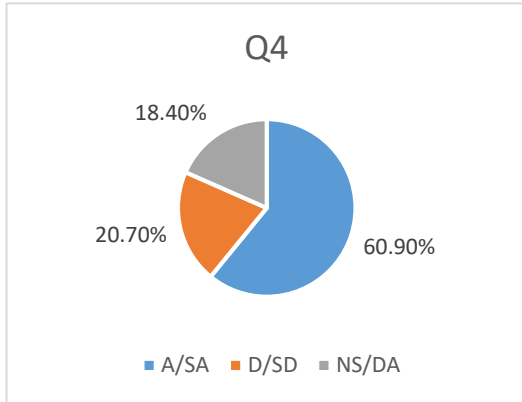


a. 42.3% A/SA; 28.5% D/SD; 29.2% NS/DA

b. **Comments:** Most comments stated they knew who to call but could not ever speak to anyone, and if they were able to reach someone, they did not provide much useful info.

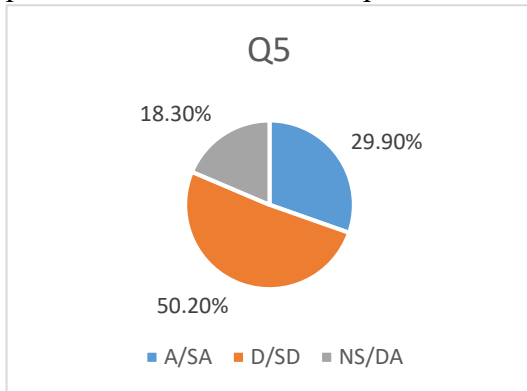
c. **Improvements:** More advertising of services and info, again access to “on-call” mental health experts, having all local agencies on the “same page”. Across a few improvement suggestions, it seemed that different agencies gave differing or conflicting information.

4. I or my agency had sufficient resources to meet my basic needs:



- a. 60.9% A/SA; 20.7% D/SD; 18.4% NS/DA
- b. **Comments:** Consensus was that public health materials seemed to be mostly available; however, some foods/cleaners were harder to come by during the first two phases.
- c. **Improvements:** More communication as to where resources are and how to find them.

5. I or my agency was concerned with losing internet to high-speed or internet during the height of this pandemic in order to accomplish work or educational task:

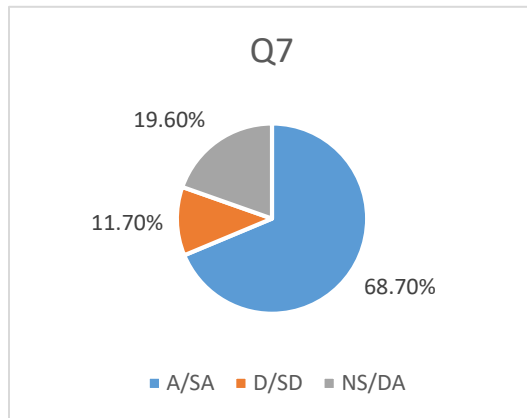


- a. 29.9% A/SA; 50.2% D/SD; 18.3% NS/DA
- b. **Comments:** Many comments said they lost access, or had very slow internet during peak periods (school/work hours), also there are limited options for internet in the area.
- c. **Improvements:** High-speed access all across the county.

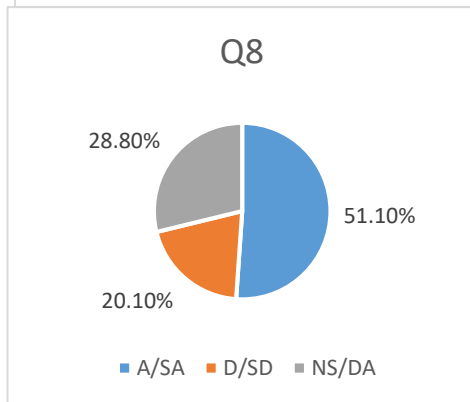
6. What is one thing you wish you could have had access to or information during the response? (Most common responses)

- a. Better information – the consensus was more “streamlined” easy and understandable data.
- b. Better access to mental health resources.
- c. “Freedom” from mandates and “fake news” from the health department
- d. More vaccine availability, along with more vaccination sites and clinics.

7. Testing was accessible in Allegan County:

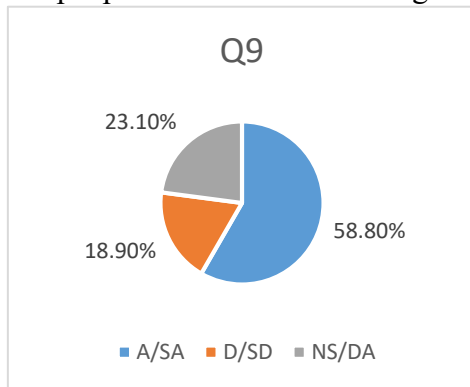


- a. 68.7% A/SA; 11.7% D/SD; 19.6% NS/DA
- b. **Comments:** Seems testing availability was not very good during phase 1, but then got better leading into phase 2.
- c. **Improvements:** Increase information on where sites are available, along with more sites and more drive-through options.



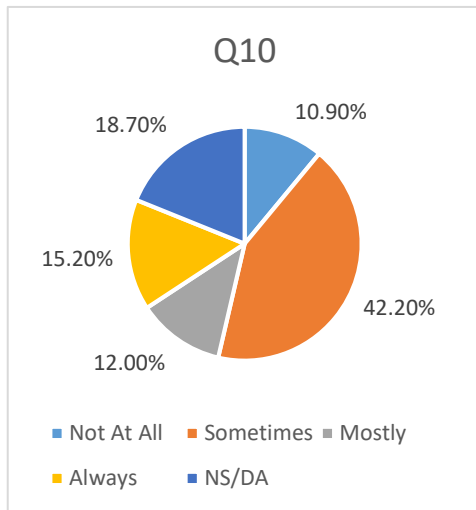
- 8. I or people I know were able to get their COVID-19 test results quickly:
 - a. 51.1% A/SA; 20.1% D/SD; 28.8% NS/DA
 - b. **Comments:** N/A
 - c. **Improvements:** Responses wanted more locations for testing, and better access to rapid testing. Other comments focused on easier notification of results such as through text message or email.

9. I or people I know were able to get a COVID-19 test when they needed one:



- a. 58.8% A/SA; 18.9% D/SD; 23.1% NS/DA
- b. **Comments:** Hard to find testing sites during phase 4. Homebound individuals had trouble with testing.
- c. **Improvements:** Availability of testing in phases 3 and 4 seemed to be more difficult. Having more locations, and longer hours for testing sites.

10. I or people I know had COVID-19 symptoms but never tested:



a. 10.9% Not At All, 42.2% Sometimes, 12.0% Mostly, 15.2% Always, 18.7% Not Sure/Does Not Apply

b. **Comments:** Question and answers were hard to make sense of, thus many answered as best they could. Many others stated that depending on the symptoms it did not make sense to, as it was hard to distinguish from a cold at first. Many stayed home instead of getting tested, as they did not want to get a positive test and have to miss work.

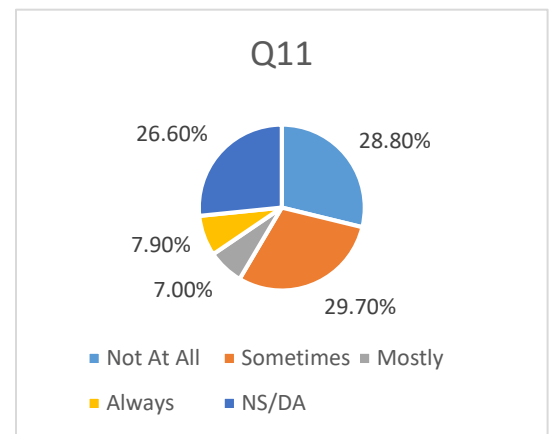
c. **Improvements:** (Asked why they did not) Many did not believe the testing was accurate, and could not distinguish differences between a cold or flu.

11. I or people I know had COVID-19 symptoms but never reported them to their employer:

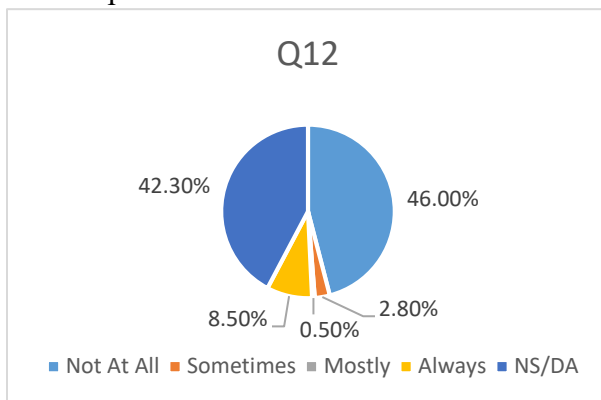
a. 28.8% Not At All, 29.7% Sometimes, 7.0% Mostly, 7.9% Always, 26.6% Not Sure/Does Not Apply

b. **Comments:** Many with mild symptoms never reported, as it was hard to distinguish, did not want to miss work/activities.

c. **Improvements:** Many afraid of loss of income or jobs due to symptoms, many companies offered little or no sick pay. Other companies forced workers to use PTO they saved to get tested/quarantine.



12. I tested positive for COVID-19 and never disclosed that information to my family, friends or work:



a. 46.0% Not At All, 2.8% Sometimes, 0.5% Mostly, 8.5% Always, 42.3% Not Sure/Does Not Apply

b. **Comments:** Many did not understand the question.

c. **Improvements:** N/A

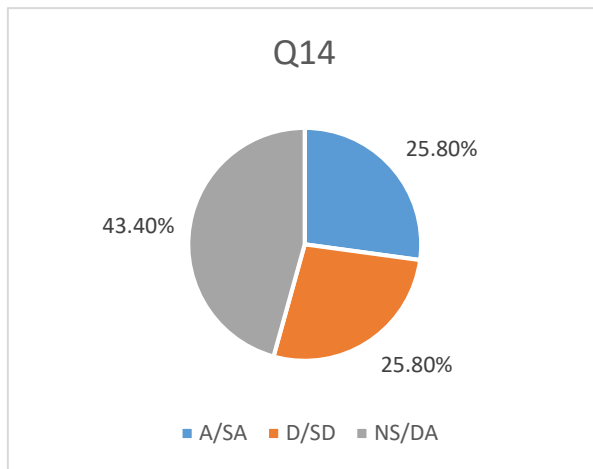
13. What were barriers to a successful response? (Top 3)

a. 37.2% None, 33.3% Other, 16.4% Insufficient Resources

b. **Comments:** Most common responses included either lack of or “dis”information, and political issues.

c. **Improvements:** Improvement comments included using properly executed information, showing why the information is necessary, and building trust.

14. Cases were investigated in a timely manner:



a. 25.8% A/SA; 25.8% D/SD; 43.4% NS/DA

b. **Comments:** Seemed to be inconsistent contact tracing practices, some would receive slow communication, some would receive fast communication, some would receive too many calls, and some were never called.

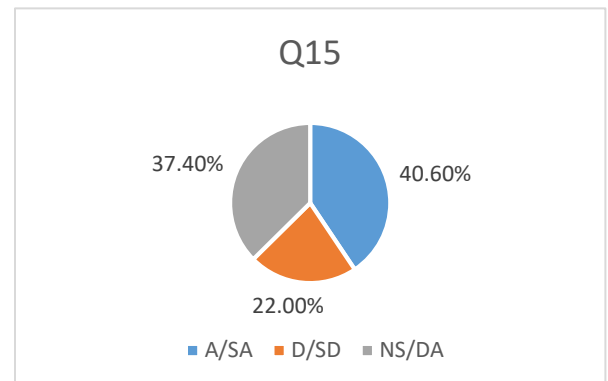
c. **Improvements:** More contact tracers needed to be effective, notifications were coming too late, or after a close contact risk – automated text messages/emails would be helpful.

15. Close contacts were notified to quarantine:

a. 40.6% A/SA; 22.0% D/SD; 37.4% NS/DA

b. **Comments:** Many inconsistent notifications, both via timing and who was notified.

c. **Improvements:** Again, more tracers needed to be effective. Possible incentives for the public to participate in contact tracing to allow for responses that are more accurate.

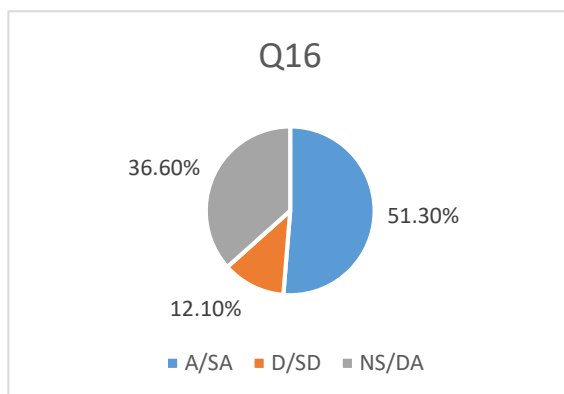


16. ACHD provided clear expectations on isolation and quarantine:

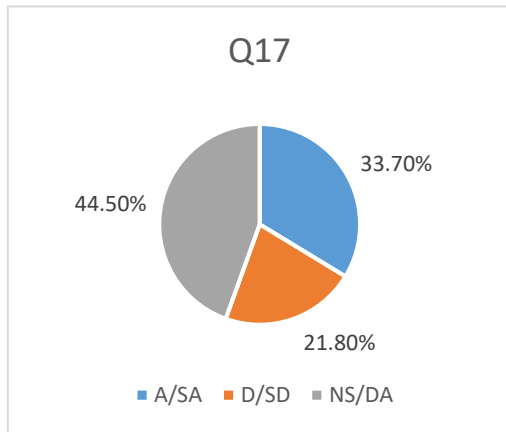
a. 51.3% A/SA; 12.1% D/SD; 36.6% NS/DA

b. **Comments:** Inconsistent isolation times, also many felt there was not consistent messaging.

c. **Improvements:** More info on why we quarantine healthy individuals (prevent sickness, stop the spread, could be carrier, etc.). Also, clear directions between all entities (schools, CDC, health departments, etc.).

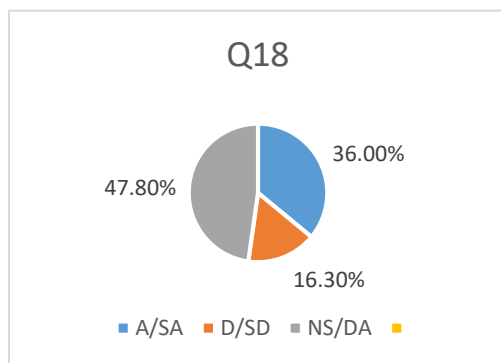


17. Additional support was given to vulnerable or high-risk populations:



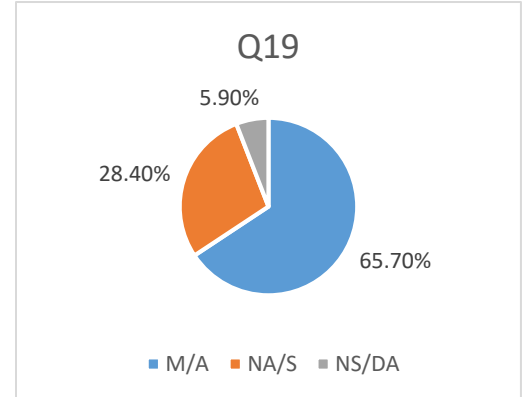
- a. 33.7% A/SA; 21.8% D/SD; 44.5% NS/DA
- b. **Comments:** Again seems to need clarification on why vulnerable populations were prioritized.
- c. **Improvements:** Clearer info regarding what was done, why it was done.

18. Education materials on isolation and quarantine were given to cases and close contacts:



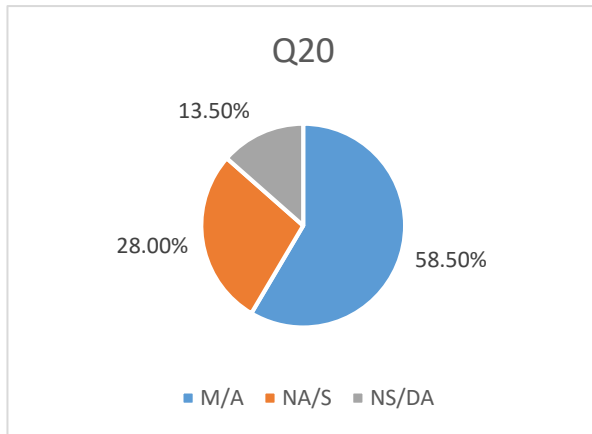
- a. 36.0% A/SA; 16.3% D/SD; 47.8% NS/DA
- b. **Comments:** Some of the information packets came very late (after quarantine time was up).
- c. **Improvements:** Email and text the information, make the information available to everyone.

19. I/people I know delayed getting care or annual physical screenings because of the pandemic. Care includes mental, dental, and physical health related needs:



- a. 65.7% Mostly/Always; 28.4% Not At All/Sometimes; 5.9% NS/DA
- b. **Comments:** Many provider hours were shortened, many appointments were postponed, and some did not go because of mask mandate in medical offices.
- c. **Improvements:** More information given on why appointments were delayed or postponed. Easier to schedule and reschedule appointments. Notice of what is being done to prevent the risk of exposure.

20. I/people I know had non-emergent scheduled procedures rescheduled or postponed because of the pandemic:

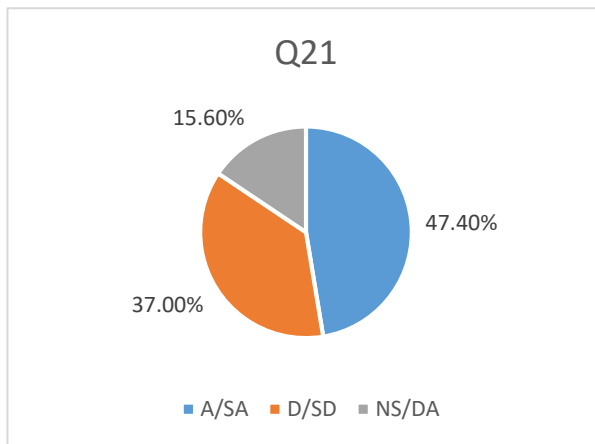


a. 58.5% Mostly/Always; 28.0% Not At All/Sometimes; 13.5% NS/DA

b. **Comments:** Cancer screenings got pushed back that should not have. Some ended with positive results that could have been found earlier.

c. **Improvements:** Better way to reschedule appointments, reasoning why they were postponed or rescheduled.

21. Timely health education was provided to the public, media, and county staff for awareness and decision making:

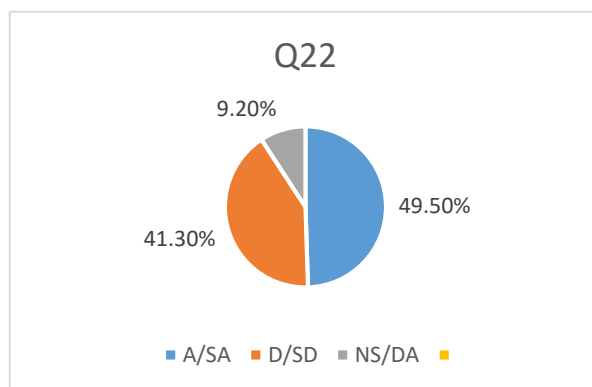


a. 47.4% A/SA; 37.0% D/SD; 15.6% NS/DA

b. **Comments:** Many did like the newsletter, and some wished for greater distribution.

c. **Improvements:** Make sure information does not contradict.

22. Data provided was helpful for decision making:

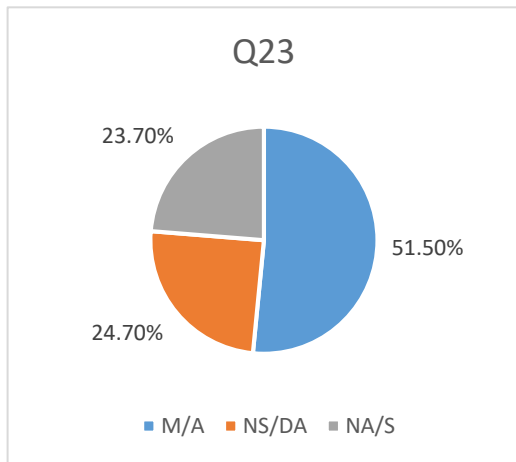


a. 49.5% A/SA; 41.3% D/SD; 9.2% NS/DA

b. **Comments:** many felt data was not real or concise enough. Some thought it was biased.

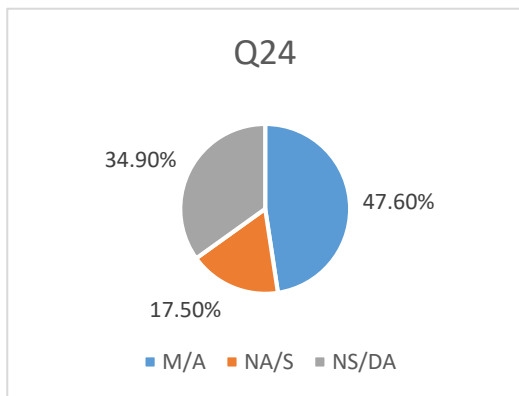
c. **Improvements:** Many wanted broader overview data, easily readable.

23. I/people I know/my agency was able to access appropriate PPE:



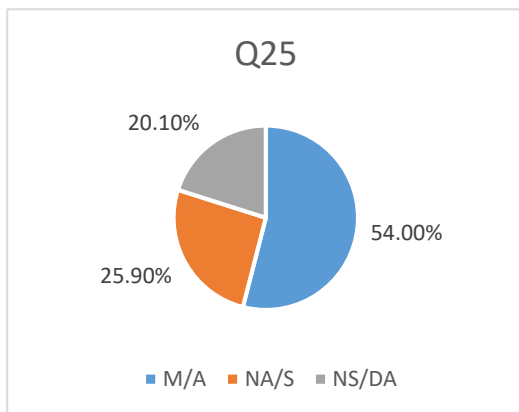
- a. 51.5% Mostly/Always, 24.7% Not Sure/Does Not Apply, 23.7% Not At All/Sometimes
- b. **Comments:** Some stated they could not find n95 masks.
- c. **Improvements:** Many said not available, and a good portion of the comments thought masks were useless, so they may need education as to why. Survey to see who would want/use may be beneficial if another wave/outbreak were to occur.

24. PPE met my agency needs:



- a. 47.6% Mostly/Always; 17.5% Not At All/Sometimes; 34.9% NS/DA
- b. **Comments:** Some purchased their own PPE, and some could not find available PPE.
- c. **Improvements:** Again does not seem to be enough information in the public as to why PPE is necessary.

25. I/people I know/my agency used public health guidance/tool-kits when making decisions or practicing behaviors:



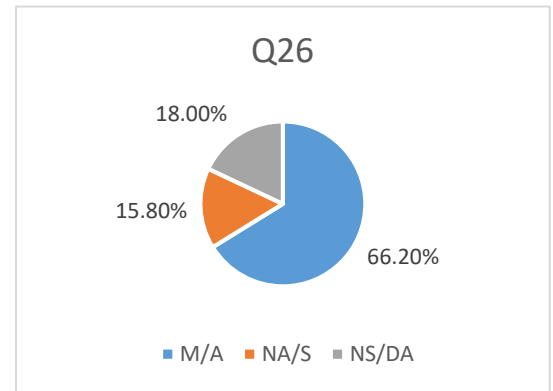
- a. 54.0% Mostly/Always; 25.9% Not At All/Sometimes; 20.1% NS/DA
- b. **Comments:** Many believed ACHD was forced to make certain guidance, believe most of its political.
- c. **Improvements:** Many felt there needed to be more “factual” information presented to the public. May need to use more sources in the future.

26. I/people I know/my agency was provided public health guidance:

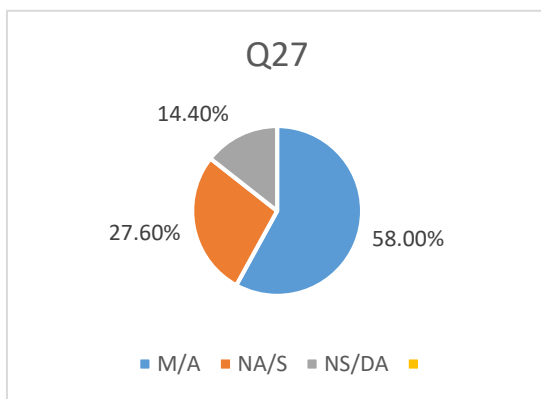
a. 66.1% Mostly/Always; 15.8% Not At All/Sometimes; 15.8% Not Sure/Does Not Apply

b. **Comments:** One comment said available and welcome, another comment stated the information was slow to be put out and not a lot of information was given.

c. **Improvements:** N/A



27. The ACHD COVID-19 Updates provided the information/people I know/my agency needed for decision making:

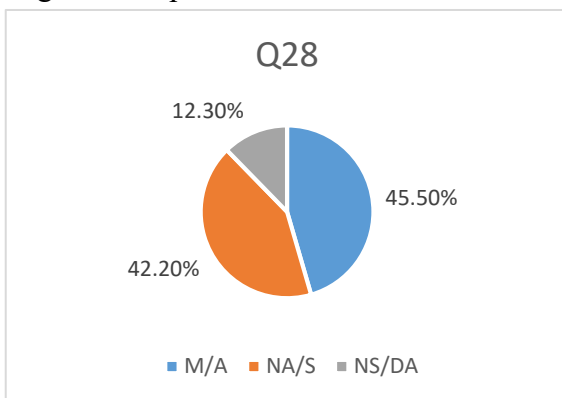


a. 58.0% Mostly/Always; 27.6% Not At All/Sometimes; 14.4% Not Sure/Does Not Apply

b. **Comments:** Many comments felt the information was “pushed”, and political.

c. **Improvements:** More clarity on where the information came from, make sure the information came from more than one source.

28. Education material and social media posts from local organizations were useful during the different stages of the pandemic:

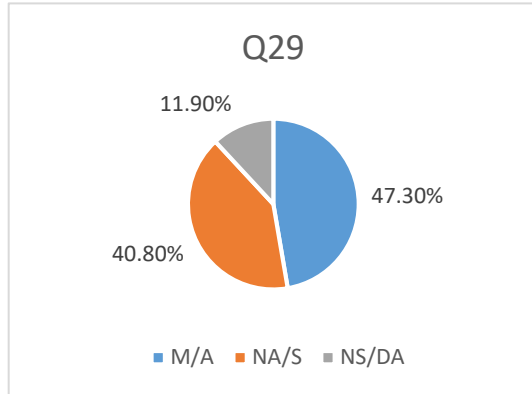


a. 45.5% Mostly/Always; 42.2% Not At All/Sometimes 12.3% Not Sure/Does Not Apply

b. **Comments:** Many comments thought of them as speculation and not facts.

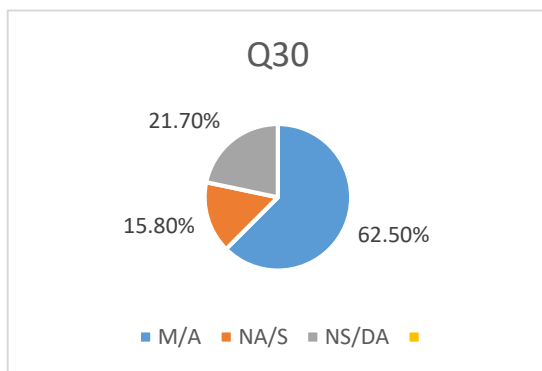
c. **Improvements:** To have more than one viewpoint, and more moderation in comments.

29. Data and modeling were helpful in advanced planning efforts and decision making:



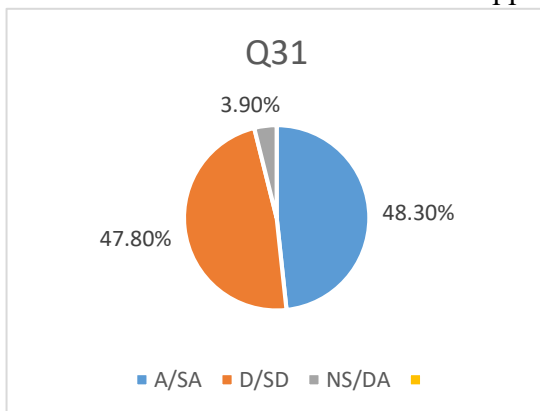
- a. 47.3% Mostly/Always; 40.8% Not At All/Sometimes; 11.9% Not Sure/Does Not Apply
- b. **Comments:** Again, many comments believed it was misleading or inaccurate information.
- c. **Improvements:** N/A

30. I/people I know/my agency was able to implement enhanced ventilation practices, social distancing, enhanced cleaning/disinfecting, frequent handwashing practices, and mask wearing staying home when sick:



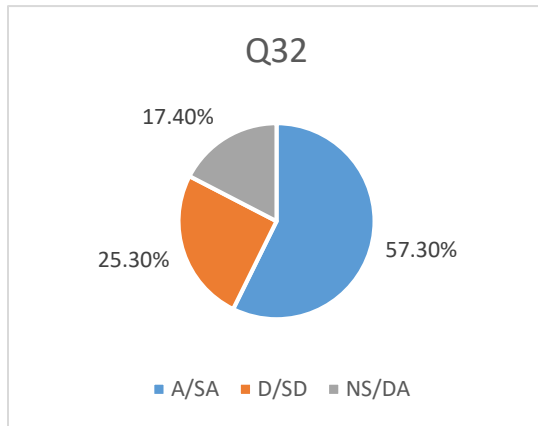
- a. 62.5% Mostly/Always; 15.8% Not At All/Sometimes; 21.7% Not Sure/Does Not Apply
- b. **Comments:** Enhanced ventilation practices were noted as not having much investment.
- c. **Improvements:** More supplies to be given out and more guidelines on how too properly enhance ventilation practices.

31. Public health orders were clear and supported by data:



- a. 48.3% A/SA; 47.8% D/SD; 3.9% NS/DA
- b. **Comments:** Many in the comments believed data was not supported well.
- c. **Improvements:** Data that can be verified via multiple sources.

32. Communication channels for timely COVID-19 information met your needs:

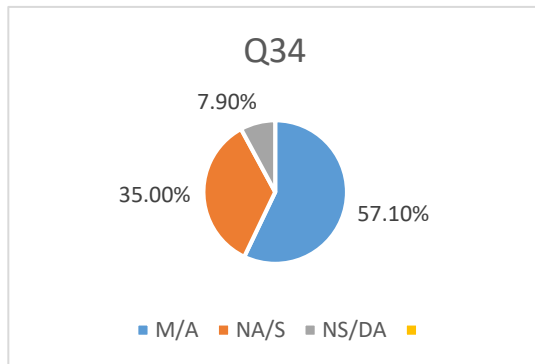


- a. 57.3% A/SA; 25.3% D/SD; 17.4% NS/DA
- b. **Comments:** Some mentioned it took too long to update.
- c. **Improvements:** More detailed data, data that can be verified via multiple data sources.

33. What are ways that communication could have been improved:

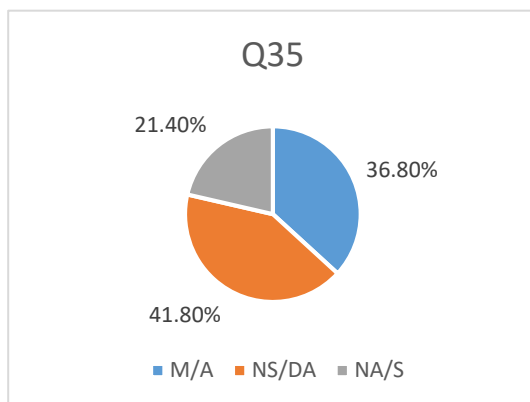
- a. **Comments:** More transparent information, again verified by multiple data sources.
- b. **Improvements:** Secure email and text messaging.

34. I/my agency understood the local public health guidance actions that were necessary to protect the public:



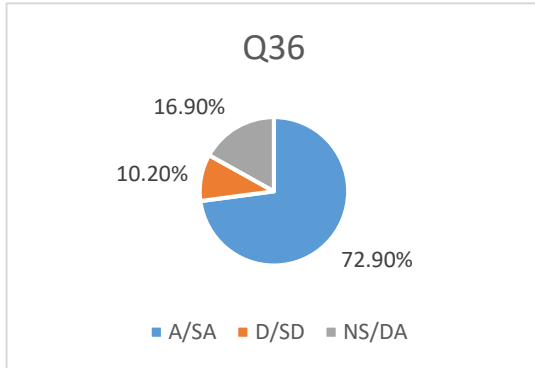
- a. 57.1% Mostly/Always; 35.0% Not At All/Sometimes; 7.9% Not Sure/Does Not Apply
- b. **Comments:** Many comments did not believe they were necessary.
- c. **Improvements:** Many of the citizens did not understand them, thus breaking them down for easier understanding.

35. My agency provided paid time off in the event that I or a family member had COVID-19:



- a. 36.8% Mostly/Always, 41.8% Not Sure/Does Not Apply, 21.4% Not At All/Sometimes
- b. **Comments:** Was very dependent upon job or company.
- c. **Improvements:** N/A

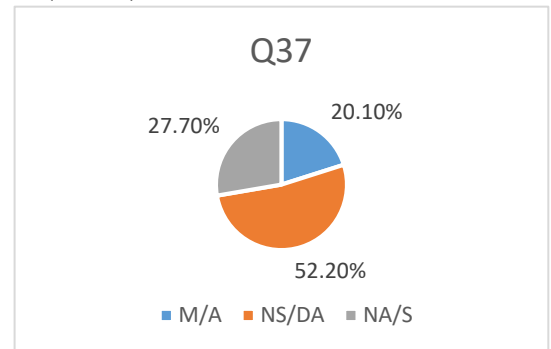
36. Vaccine was accessible for me/people I know/my agency, once vaccine was made available to my priority group within 20 min from my house:



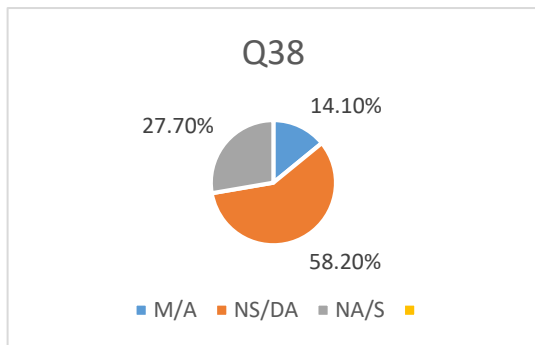
- a. 72.9% A/SA; 10.2% D/SD; 16.9% NS/DA
- b. **Comments:** Most comments seemed to think it was easy to access.
- c. **Improvements:** More mobile clinics would be helpful, booster seemed to be harder to find in the area.

37. I/people I know were able to receive monoclonal antibody treatments (mAbs) or antivirals after October 2020 when needed:

- a. 20.1% Mostly/Always, 52.2% Not Sure/Does Not Apply, 27.7% Not At All/Sometimes
- b. **Comments:** Many did not know about it, and supplies were supposedly hard to find.
- c. **Improvements:** More information on where to find them, and what it does.

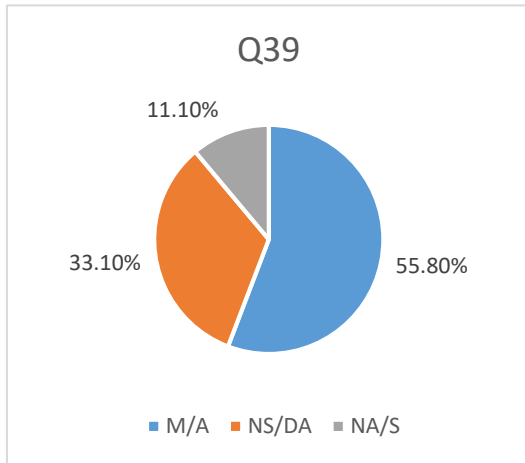


38. I/people I know received information related to mAbs, or antivirals when I/people I know tested positive for COVID-19:



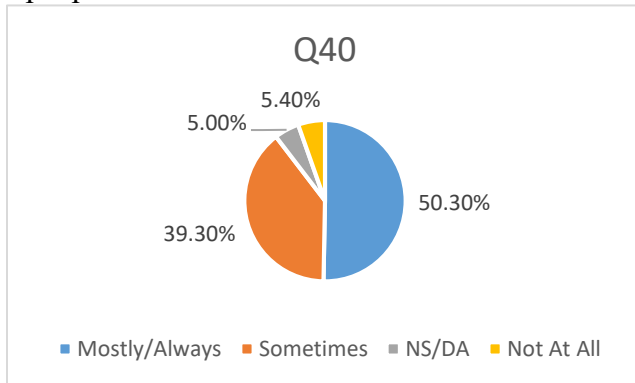
- a. 14.1% Mostly/Always, 58.2% Not Sure/Does Not Apply, 27.7% Not At All/Sometimes
- b. **Comments:** N/A
- c. **Improvements:** More information regarding mAbs would have been beneficial for those who had questions about it.

39. Community vaccine clinics were efficient:



- a. 55.8% Mostly/Always, 33.1% Not Sure/Does Not Apply, 11.1% Not At All/Sometimes
- b. **Comments:** Consensus was that clinics were well run and efficient.
- c. **Improvements:** More training early on, and more clinics.

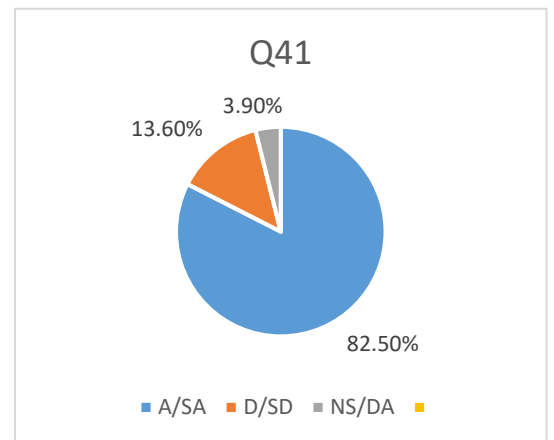
40. I/people I know are/were hesitant to receive the COVID-19 vaccine:



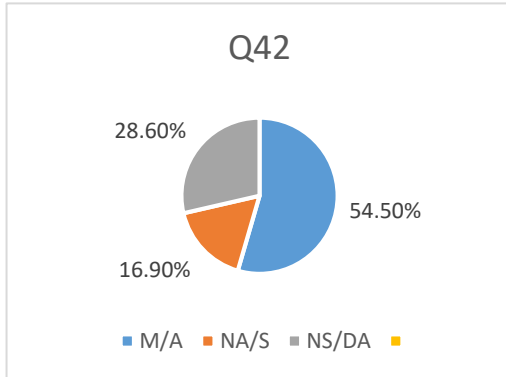
- a. 50.3% Mostly/Always; 39.3% Sometimes; 5.0% Not Sure/Does Not Apply; 5.4% Not At All
- b. **Comments:** There was too much information for public, caused confusion. Many were uncomfortable with how fast it came, scared of the side effects and future issues.
- c. **Improvements:** More information given on how much testing and what side effects could result in.

41. I/people I know was worried about side effects of the vaccine:

- a. 82.5% A/SA; 13.6% D/SD; 3.9% NS/DA
- b. **Comments:** Many were in fact worried about the side effects.
- c. **Improvements:** More education/facts on how vaccines work, what they do, why they are given.



42. Health education around vaccines was/are provided at clinics:

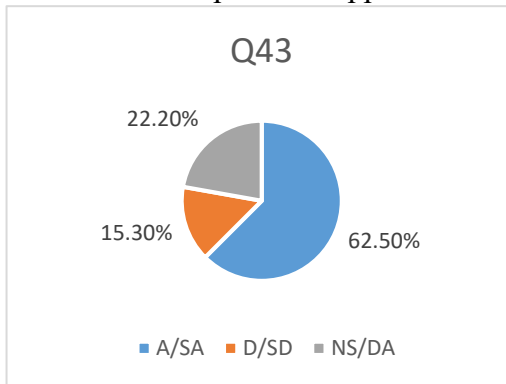


a. 54.5% Mostly/Always; 16.9% Not At All/Sometimes; 28.6% Not Sure/Doesn't Apply

b. **Comments:** Some felt well informed; some felt they needed more information.

c. **Improvements:** More information given at time of vaccination.

43. The declaration process happened in a timely and appropriate manner:

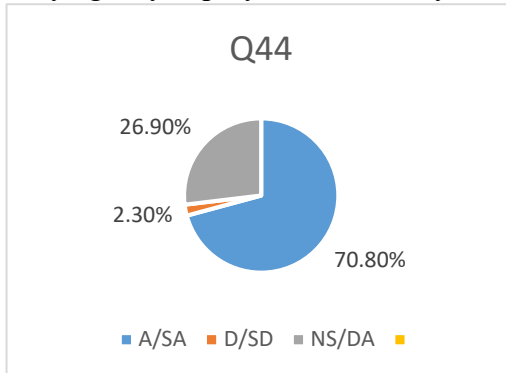


a. 62.5% A/SA; 15.3% D/SD; 22.2% NS/DA

b. **Comments:** N/A

c. **Improvements:** N/A

44. I/my agency deployed a continuity of operations plans (COOP):

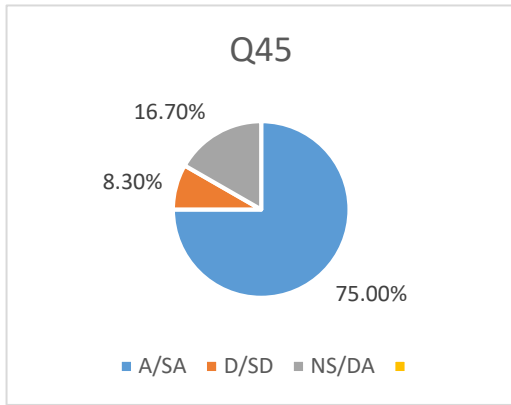


a. 70.8% A/SA; 2.3% D/SD; 26.9% NS/DA

b. **Comments:** N/A

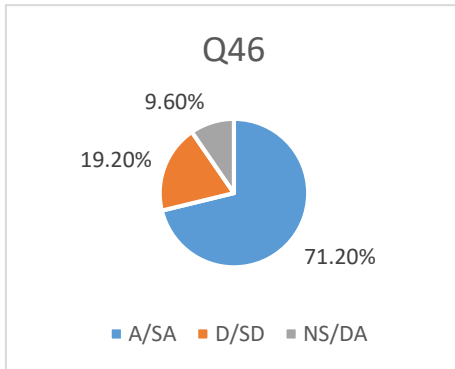
c. **Improvements:** N/A

45. My agency defined essential staff:



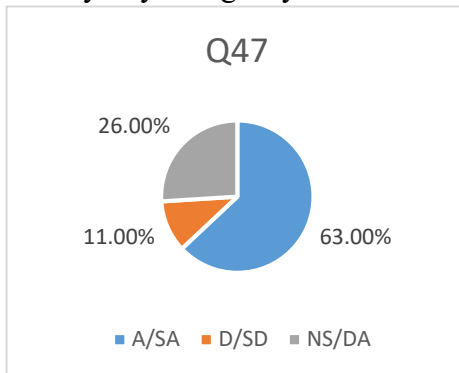
- a. 75% A/SA; 8.3% D/SD; 16.7% NS/DA
- b. **Comments:** N/A
- c. **Improvements:** N/A

46. PPE was widely available to your agency:



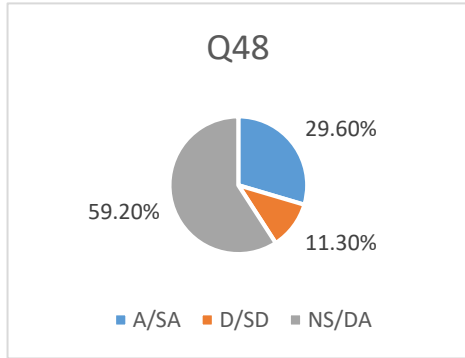
- a. 71.2% A/SA; 19.2% D/SD; 9.6% NS/DA
- b. **Comments:** Most commented they had it if they needed it, one commented that they did not during phase 1.
- c. **Improvements:** More PPE stockpiled for emergencies.

47. Were you/your agency able to access governmental services:



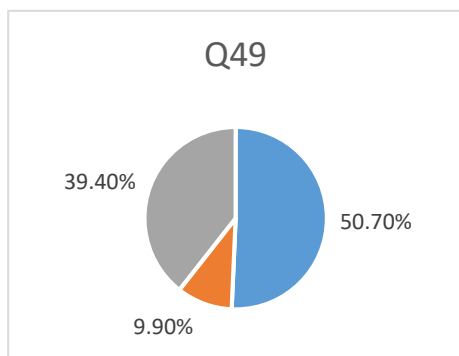
- a. 63.0% A/SA; 11.0% D/SD; 26.0% NS/DA
- b. **Comments:** N/A
- c. **Improvements:** N/A

48. I/my agency used MICIMS for situational awareness:



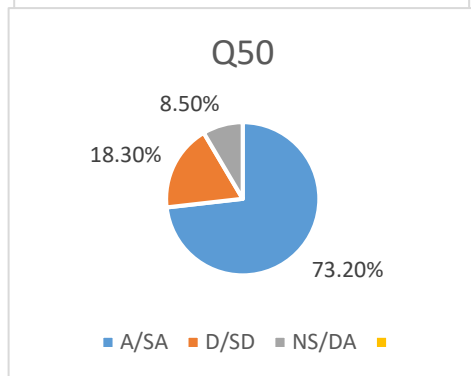
- a. 29.6% A/SA, 59.2% Not Sure/Does Not Apply, 11.3% D/SD
- b. **Comments:** N/A
- c. **Improvements:** N/A

49. Incident Command System was followed:



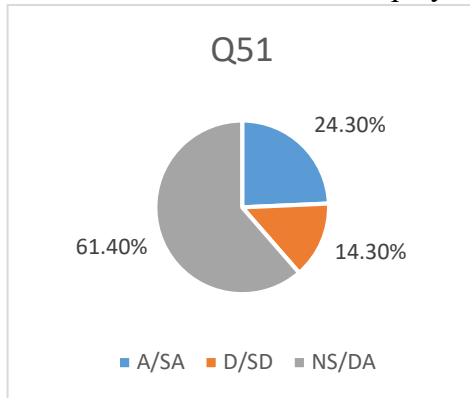
- a. 50.7% A/SA, 39.4% Not Sure/Does Not Apply, 9.9% D/SD
- b. **Comments:** Some did not follow proper chain of command.
- c. **Improvements:** N/A

50. Public Health goals, objectives and strategies were communicated clearly:



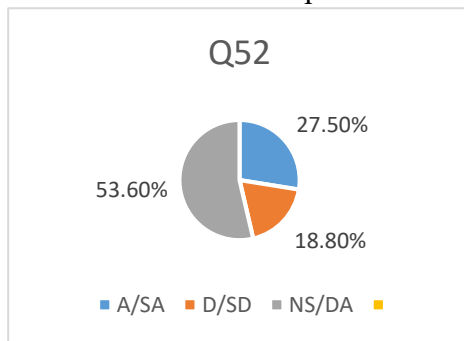
- a. 73.2% A/SA; 18.3% D/SD; 8.5% NS/DA
- b. **Comments:** N/A
- c. **Improvements:** N/A

51. 5th District Medical Coalition played a vital role in COVID-19 response:



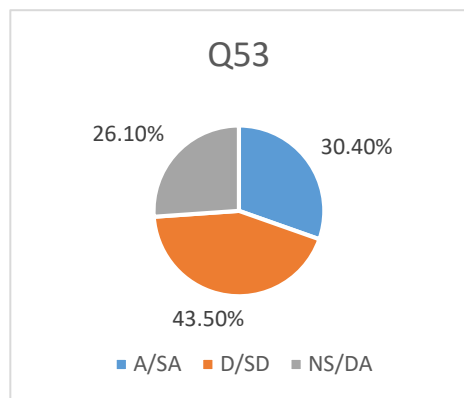
- a. 24.3% A/SA, 61.4% Not Sure/Does Not Apply, 14.3% D/SD
- b. **Comments:** Some comments stated that it helped, some did not notice.
- c. **Improvements:** N/A

52. Volunteers recruitment process is easy to navigate:



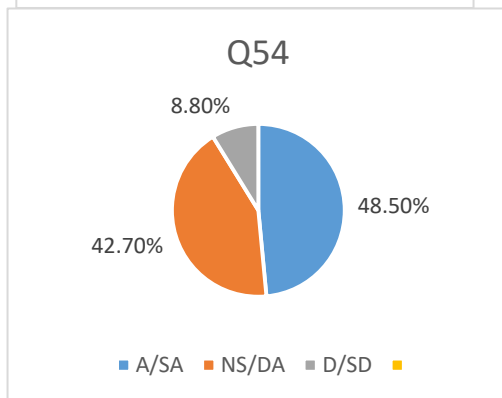
- a. 27.5% A/SA, 53.6% Not Sure/Does Not Apply, 18.8% D/SD
- b. **Comments:** One comment stated the process started too late and then changed midway through.
- c. **Improvements:** Faster process.

53. Financial resources to support the emergency conditions were sufficient:



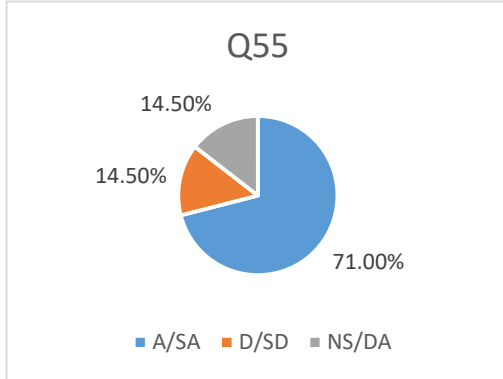
- a. 30.4% A/SA; 43.5% D/SD; 26.1% NS/DA
- b. **Comments:** Comments were split on where there was too much money given or not enough.
- c. **Improvements:** N/A

54. Situational updates or SIT REPS were vital in understanding the current conditions:



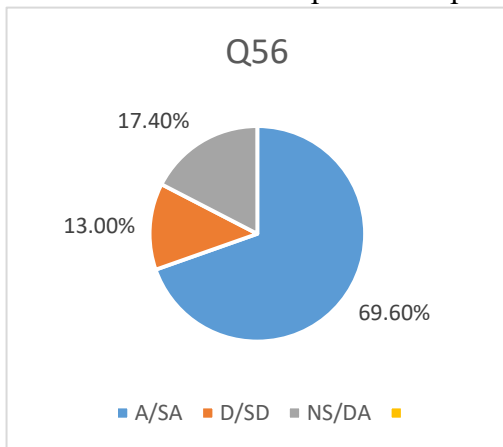
- a. 48.5% A/SA, 42.7% NS/DA, 8.8% D/SD
- b. **Comments:** ACHD Situation Reports (Sit-Reps) were good, but confined to the ACHD.
- c. **Improvements:** N/A

55. Different sectors providing support was helpful in this pandemic response:



- a. 71.0% A/SA; 14.5% D/SD 14.5% NS/DA
- b. **Comments:** One comment believed the cops to be working against public health goals.
- c. **Improvements:** Clarify where to go for support.

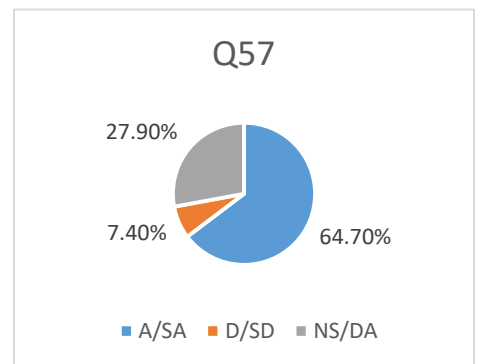
56. Volunteers were a vital part of the pandemic response:



- a. 69.6% A/SA; 13.0% D/SD; 17.4% NS/DA
- b. **Comments:** N/A
- c. **Improvements:** N/A

57. The Allegan County Emergency Operations Center and Annexes were responsive:

- a. 64.7% A/SA; 7.4% D/SD; 27.9% NS/DA
- b. **Comments:** N/A
- c. **Improvements:** N/A



58. Are you interested in participating in a focus group: **24 Yes, 153 No**

EXECUTIVE SUMMARY



HEALTH
Department

After-Action Community Conversations

PUPOSE:

To gather feedback from Allegan community and business members about the recent COVID-19 pandemic that will help improve planning and preparedness for all-hazards.

EOC FEEDBACK OVERVIEW:

HELD ON MAY 17, 2022

Contact Tracing/Case Investigation

- Attendees feel businesses should have better-prepared COOP, COG, and COBs before a future hazard occurs
- Attendees felt contact tracing services between ACHD and business were redundant. Should be combined in the future
- Contact tracing practices improved towards the end of the pandemic; leaders should have a contact tracing process that's equipped for the entirety of a future hazard

Healthcare Capacity

- Topic not discussed due to time

Best Practices

- MOUs should be updated to ensure communication is clear. MOU meetings should be hosted regularly to ensure understanding of changes during a future hazard
- Attendees suggested hosting quarterly MICIMS training to freshen staff's knowledge of the system
- Attendees suggested expanding PPE stockpiles to have prepared

Vaccine/Treatment/Herd Immunity

- Attendees stated vaccine resources were underutilized in phase 3 of the pandemic. Suggested o have a better understanding of what the community wants to better prepare vaccine and staffing quantities

Testing

- Topic not discussed due to time

Data/Prioritization Presentation

- Public Health Officials/staff need training on how to write an IAP for large scale events
- Attendees suggested creating a universal volunteer program to recruit skilled people quickly

SUMMARY:

- Two separate Community Conversation meetings were held for the Emergency Operations Committee (EOC) and for Community members
- The meetings were both held virtually and in-person, lasting 1 1/2 hours long
- There were 8 attendees present for the EOC meeting and 3 attendees present for the community members' meeting
- The meetings were facilitated by the Public Health Planning and Preparedness Manager and two CDC Foundation Health Educators
- The agenda topics included Testing, Contact Tracing and Case Investigation, Health Care Capacity, Best Practices, Vaccines/Treatment/Herd Immunity, and Data/Prioritization Presentation (EOC meeting only)

COMMUNITY MEMBER FEEDBACK OVERVIEW:

HELD ON MAY 19 2022

Testing

- Attendees suggested more accurate communication surrounding different variants and testing options

Case Investigation/Contact Tracing

- Attendees reported contact tracing program was strong and effective throughout the pandemic
- Attendees informed COVID-19 funding cuts negatively affected their confidence for ACHD
- Attendees feel more information and resources are needed could be provided throughout the pandemic

Healthcare Capacity

- Attendees stated that there was a need for more vaccination centers closer to residents, COVID-19 updates, and education on how to get boosters

Best Practice

- Attendees suggested the following: to increase information surrounding:
 - More pop-up shot clinics
 - Community Council that meets quarterly (or more) to discuss recent health matters
 - Revamp the county website for easier navigation

NEXT STEPS:

- Create an Improvement Plan using the above feedback and After-Action survey results
- Send Improvement Plan to County Administrator