

PREPARE Project Newsletter

ISSUE I | JUNE 2025

FROM THE PROJECT LEAD

Kern County Public Health (KCPH), located in the heart of California's Central Valley, serves a proud and community-driven population. Through its participation in the PREPARE Project, KCPH has advanced awareness and integration of health equity principles into disease outbreak investigations and response strategies. This collaboration has led to the implementation of meaningful, evidence-based interventions across all 17 skilled nursing facilities (SNFs) and acute care hospitals in the county, enhancing outbreak preparedness, response, training, and prevention protocols.



As both the geographic and population center of Kern County, KCPH is deeply committed to emergency preparedness not only locally, but also in support of neighboring regions affected by crises such as wildfires in Los Angeles or earthquakes in the high desert. The PREPARE Project has provided a framework for understanding how health equity can be operationalized within healthcare facilities that serve Kern County's most vulnerable populations. In times of crisis, KCPH responds swiftly, asking critical questions about who is affected and what resources are most urgently needed. Participation in the PREPARE initiative has allowed KCPH to strengthen outbreak response through equity-centered collaboration and communication.

Kern County's diverse communities reflect a rich mosaic of backgrounds and lived experiences, requiring tailored approaches to public health intervention. Collaboration with national public health partners has expanded KCPH's perspective on the unique needs of local healthcare facilities and how best to deliver equitable care. Uniform strategies are insufficient across SNFs with distinct cultures, patient populations, and care environments. Recognizing this, KCPH has created multiple channels—through the PREPARE Project—for facilities to communicate their specific needs and receive customized support. The lessons gained through this initiative continue to inform KCPH's commitment to advancing community health both within and beyond healthcare settings.

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PROJECT SPOTLIGHT: Building Sustainable Relationships

Our PREPARE Journey

In December 2024, Kern County Public Health (KCPH) was honored to join the PREPARE Project, driven by a strong desire to improve communication across skilled nursing facilities (SNFs) and facilitate more efficient and effective disease investigations. At the time, Infection Preventionists (IPs) in many facilities were sporadic in their responsiveness to KCPH outreach—via email, phone, or other methods—which made investigations into healthcare-acquired infections (HAIs) burdensome and time-intensive. KCPH saw the PREPARE Project as an opportunity not only to strengthen its epidemiological capabilities, but also to prioritize infection control strategies using health equity as a guiding framework.

By January 2025, KCPH's selection into the PREPARE Project initiated progress toward a more equity-centered disease control approach. With 17 SNFs and 5 acute care hospitals under its jurisdiction, the department recognized the importance of strategic prioritization. The first objective was to establish a consistent and meaningful communication network among SNFs to exchange best practices, share resources, and discuss disease events. To foster these connections, KCPH implemented initiatives such as monthly “Office Hours” to deliver targeted education and create space for dialogue. A notable achievement from this effort is the Infection Prevention and Control (IPC) Education and Consultation Survey, allowing facilities to identify specific topics for training or assessments to strengthen their infection prevention practices.

By spring 2025, a measurable increase in engagement emerged: more Infection Preventionists reached out proactively about topics they felt needed deeper education or review. Three additional SNFs began attending monthly sessions, while the implementation of proactive “check-ins” helped KCPH reach historically under-engaged facilities. These conversations shed light on which communication strategies were most effective—and why. KCPH recognized that strengthening engagement starts with building relationships with those most familiar with the day-to-day care in these settings. This effort not only improved collaboration between KCPH and SNFs but also fostered stronger connections between the Department’s Disease Control and Health Equity Taskforces to optimize community health planning moving forward.

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Key Accomplishments

- **LHD “Open Office Hours”:** *Monthly 30-minute Microsoft Teams sessions—originally attended by just one skilled nursing facility Infection Preventionist—now consistently engage 5 to 7 participants, fostering greater collaboration and education.*
- **IPC Education/Consult Form:** *A Microsoft Forms survey now provides skilled nursing facility Infection Preventionists with a centralized way to request KCPH services, replacing previously sporadic phone and email submissions with a streamlined system that averages two to three requests per month.*
- **SNF Prioritization Dashboard:** *Using CMS data and Power BI, individual skilled nursing facility performance can be visualized to reflect metrics such as the Social Vulnerability Index and resident vaccination rates and how it compares to others.*

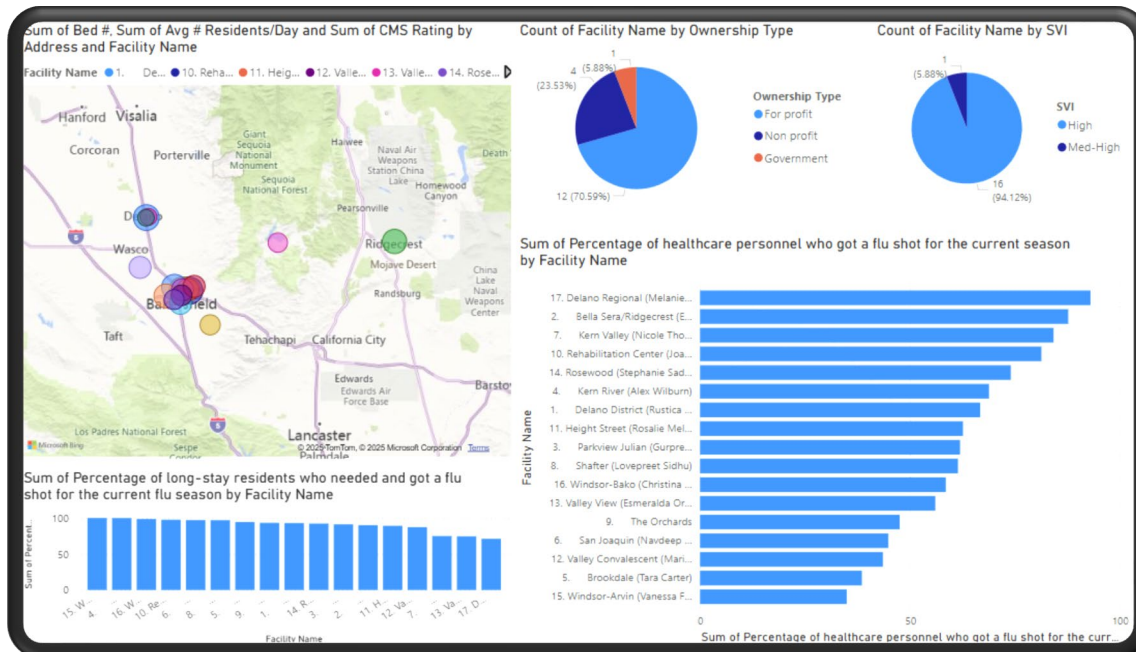


Photo caption: Dashboard overview of 17 Kern County SNFs, featuring a location map with dot size indicating CMS rating, flu vaccination rates for residents and healthcare personnel, and pie charts showing facility ownership type and Social Vulnerability Index (SVI).

LESSONS LEARNED

Communication

A key lesson learned was the importance of aligning communication strategies with staff preferences and schedules; while monthly 30-minute Microsoft Teams office hours were intended to provide Infection Preventionists with dedicated space to engage, low participation revealed that Monday mornings are often busy, and Teams may not be the preferred platform for all facilities.

Implementation Tip: *To accommodate varying preferences, office hours were maintained for Infection Preventionists who found them useful, while alternative communication—such as email and phone—was offered to those who were unable to attend.*

Relationships

One key lesson learned is that building meaningful relationships with Infection Preventionists takes time, consistency, and genuine engagement. Establishing trust through regular communication, responsive support, and a willingness to adapt to each facility's needs has proven essential for strengthening collaboration and achieving shared public health goals.

Implementation Tip: *Use a “personalize outreach” by asking each Infection Preventionist how they are doing within their facility during early engagement—this helps ensure a professional check-in applies to our roles along with increasing trust regarding workflows and challenges*

Data: Dos and Don'ts

Selecting the right data metrics is critical for effectively prioritizing skilled nursing facilities. By focusing on indicators such as vaccination rates and past outbreak patterns, KCPH can better allocate resources and tailor interventions to facilities with the greatest needs—ensuring both efficiency and equity in response efforts.

Implementation Tip: *While Social Vulnerability Index (SVI) offered limited distinction across skilled nursing facilities—due to similar community profiles—metrics such as vaccination rates and frequency of infection prevention assessments provided more meaningful insights, allowing for deeper analysis and more targeted public health interventions.*

BEST PRACTICES SHOWCASE

Bridging Disease Control and Health Equity: A Collaborative Approach

Prior to the PREPARE Project, the Disease Control and Health Equity Taskforces within KCPH operated independently, engaging the community but with limited internal collaboration. This initiative was developed to foster integration between the two by aligning strategies, knowledge, and outreach.

Through the project, the Health Equity Taskforce introduced Disease Control staff to the Social Determinants of Health that guide community access to services. In turn, Disease Control leveraged Health Equity's expertise in adult learning and presentation design to enhance Infection Prevention training for staff at skilled nursing facilities (SNFs).

Why It Works: *The goal is to deliver key information in a way that promotes understanding and retention, not to overwhelm. Tailoring content—for instance, by recognizing language needs among housekeeping staff at SNFs—ensures effective communication using simple language and visual aids.*

Relaxed Check-Ins: Strengthening Communication with Skilled Nursing Facilities

Some Skilled Nursing Facilities (SNFs) go silent due to time constraints or overwhelming workloads, making outreach to the local health department a low priority. To reestablish dialogue, “relaxed check-ins” offer informal, 15–30-minute phone calls that allow SNFs to briefly update KCPH on current conditions, challenges, and needs. These conversations help gather timely disease control information while reinforcing trust and partnership.

Why It Works:

Of the 17 SNFs in the region, roughly eight are now in consistent contact thanks to the PREPARE Project. For those that remain hard to reach, these agenda-free calls provide a low-pressure space to share key updates. Participating facilities have contributed valuable insights that inform future trainings, presentations, and site visits.

COMMUNITY SPOTLIGHT

The Enhanced Barrier Precautions and Environmental Cleaning and Disinfection presentation at Delano District Skilled Nursing Facility was developed as a direct response to insights gathered through the facility infection preventionist and KCPH PREPARE Project Lead. During ongoing engagement, the facility's leadership highlighted challenges in effectively training housekeeping personnel, particularly around infection control protocols. Evaluations and recommendations conducted by the Health Equity team revealed the need for a more accessible and culturally informed approach to educating support staff—many of whom spoke English as a second language and had varying levels of health literacy.

To meet these needs, the presentation was co-designed with input from both the facility and KCPH's Health Equity Taskforce, incorporating adult learning strategies, simplified visuals, and bilingual support materials. The resulting training not only addressed core infection prevention practices but also emphasized practical cleaning techniques aligned with CDC guidelines. Its implementation improved staff confidence and created a more inclusive learning environment, strengthening both the facility's internal processes and its collaborative relationship with KCPH.

Partner Highlight: *Kern County Public Health Equity Task Force*

At KCPH, the Health Equity Program plays a vital role in strengthening public health infrastructure through an equity-centered approach. As part of the PREPARE Project, the program collaborated with both the Kern County community and an internal taskforce to design and deliver training presentations that promote the best practices in infection prevention and control for Skilled Nursing Facility (SNF) staff.

By integrating adult learning strategies and clear, multilingual visuals, the joint effort resulted in a more effective and inclusive training experience. The partnership not only strengthened infection prevention practices but also demonstrated how listening to frontline perspectives can transform education and foster more equitable health outcomes across long-term care settings.

Health Equity
Task Force

The logo for Kern County Public Health, featuring the text "KERN COUNTY PUBLIC HEALTH" in white over a dark background. The background image shows a person's arm and hand, possibly holding a medical instrument or a patient's hand.

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TOOLS & RESOURCES

Resources We Found Helpful

- **Project Firstline:** [Training and Educational Materials | Project Firstline | CDC](#)

Project Firstline is a national training initiative led by the CDC that provides accessible, practical infection control education to frontline healthcare workers, equipping them with the knowledge to recognize and stop the spread of infectious diseases.

- **COHRA:** [CORHA](#)

The Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens (CORHA) is a national collaborative that develops resources and guidance to improve the detection, investigation, and control of healthcare-associated infection outbreaks.

- **CDPH HAI-AR Program:** [Monitoring Adherence to Healthcare Practices that Prevent Infection](#)

The California Department of Public Health's HAI Program provides tools and guidance to help healthcare facilities monitor staff adherence to evidence-based infection prevention practices, supporting safer care through regular evaluation and feedback.

- **CDC Infection Control Assessment and Response Tool:** [Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings | HAIs | CDC](#)

The CDC's Infection Control Assessment and Response (ICAR) tool provides a structured framework for evaluating infection prevention practices in healthcare settings, helping facilities identify gaps and implement quality improvement strategies.

Templates & Tools We Developed

- **IPC Education/Consult Request Form:** *The IPC Education/Consult Request Form allows healthcare facilities to request infection prevention and control (IPC) education or consultation services from KCPH. This form helps streamline support for training, assessments, or guidance tailored to specific facility needs. It can be accessed by contacting the HAI-AR Project Specialist/PREPARE Lead directly.*
- **IDPH+CDPH ICRA for SNFs:** The IDPH and CDPH Infection Control Risk Assessment (ICRA) for Skilled Nursing Facilities (SNFs) is a collaborative tool designed to evaluate and strengthen infection prevention and control practices in long-term care settings. It

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helps facilities identify gaps, implement improvements, and align with state and CDC guidelines to reduce healthcare-associated infections.

- Access to the ICRA tool and related guidance is available through the [Illinois Department of Public Health's Skilled Nursing Facility Guidance page](<https://dph.illinois.gov/topics-services/diseases-and-conditions/respiratory-disease/guidance/skilled-nursing-facility.html>)
- And the [CDC's ICAR toolkit](<https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html>). Facilities can also contact their local health department or regional infection control coordinator for support.

LOOKING AHEAD

Building on the foundation established through the PREPARE Project, KCPH will continue to advance equitable and sustainable infection prevention strategies in Skilled Nursing Facilities and other healthcare settings. Moving forward, the Health Equity Program and Disease control will continue to work collaboratively to expand its knowledge and resources within Kern County and evolve it into settings such as Skilled Nursing Facilities (SNFs). This collaboration will try to co-develop multilingual training resources and implement data-driven improvements based on facility feedback and Health Equity Evaluations. This approach ensures that frontline staff receive culturally responsive education that reflects the lived realities of their work environment.

In addition to strengthening education, KCPH plans to enhance communication infrastructure through regular, low-barrier engagement practices such as relaxed check-ins and on-site technical assistance. These efforts will be integrated into broader quality improvement initiatives, aligning local priorities with state and federal guidance. By fostering strong relationships and emphasizing shared accountability, the department will deepen its role as a responsive, trusted partner in protecting the health of vulnerable populations. As the HAI-AR program evolves and matures, IPC knowledge and confidence will grow alongside the staff, making the program highly reliable and consistent on disease investigations and prevention. One way this is to take form is by attaining Certification in Infection Control (CIC®) for the HAI-Project Specialist this calendar year to help boost credibility and knowledge of IPC.

GET INVOLVED

For more information or access to any resources mentioned in this newsletter, please contact Brayden Houser (details below). The HAI-AR Program at KCPH is continually evolving, and we welcome opportunities to explore new toolkits and share best practices from local health departments and healthcare facilities.

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