

CONTENTS

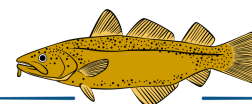
- [1 A Note from the Nurse](#)
- [3 Testing and Vaccination Going Forward](#)
- [4 COVID-19 Contact Tracing is Up and Running!](#)
- [5 Helping Children and Adolescents Cope with COVID-19](#)
- [8 Mental Health Benefits to Being Outside for Children](#)
- [9 Debunked: Unsticking False Information](#)
- [11 Where to Find Us](#)

A NOTE FROM THE NURSE

*By Barnstable County Public Health Nurse,
Deirdre Arvidson*

Welcome to the Barnstable County Community Health newsletter! As of mid-February, the world has seen over 400 million cases of COVID-19, yet here in the United States, and in Barnstable County, the recent Omicron wave of the COVID-19 pandemic seems to be waning. Spring brings a sense of hope and cautious optimism for “normalcy”. Mask mandates in schools were lifted at the end of February, while case counts continue to decline. Massachusetts is a leader in vaccine acceptance and Barnstable County is no exception, with a high percentage of vaccinated residents. Despite this progress and an overall positive outlook for the future, there are still challenges ahead: lack of vaccine approval for the 4 and under age group, COVID “fatigue”, and of course, the continued threat of new viral variants.

This newsletter will focus on several relevant public health topics, with particular emphasis on the mental health concerns associated with both children and adults. We will also provide an update on our efforts to utilize recent grant funding from the Centers for Disease Control (CDC) and the Massachusetts Department of Public Health (MA DPH).



A NOTE FROM THE NURSE *(Continued)*

The Public Health Nursing Division continues its immunization efforts for all vaccine preventable communicable diseases through our **Public Immunization Program**. Due to a shortage of primary care providers in our region, this program continues to serve children who are required to meet the state mandate of immunizations to attend school. We work closely with the school districts to provide the immunizations and Tuberculosis testing in a timely manner. There are many children who do not or cannot connect to a pediatric primary care provider to regularly monitor their health and growth. We are constantly brainstorming ways to address this critical gap.

Another important population the Division seeks to serve are the elderly, through skilled nursing and assisted living facilities. This population is truly the most vulnerable among us and suffered the greatest losses from the pandemic. The Biden administration has announced intentions to overhaul nursing home quality, but the process is likely to be slow. In the interim, the Public Health Nursing Division will be working closely with local care facilities to develop useful programs to best serve their needs such immunizations, trainings, or education for facility staff.



BARNSTABLE COUNTY'S PUBLIC HEALTH NURSING TEAM



**After 11 years of invaluable service, our Public Health Nurse, Deirdre Arvidson, is moving on from the Barnstable County Department of Health and Environment. Deirdre's hard work and dedication to her job and the community will be missed.*

We wish Deirdre the best of luck in her future endeavors.

Debra Jones

Administrator

debra.jones@barnstablecounty.org

Telephone: 508-375-6837

Deirdre Arvidson* MSN, RN, SANE

Public Health Nurse

darvidson@barnstablecounty.org

(508) 375-6617

Theresa Covell BSN, RN

Assistant Public Health Nurse

theresa.covell@barnstablecounty.org

(774) 314-2514

Maurice Melchiono MS, RN

Assistant Public Health Nurse

maurice.melchiono@barnstablecounty.org

(508) 237-7354

Barbara Blackwell CNS, PT

barbara.blackwell@barnstablecounty.org

(508) 470-4545

Patrice Barrett

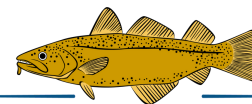
patrice.barrett@barnstablecounty.org

(508) 443-6297

Lisa DuBrow

lisa.dubrow@barnstablecounty.org

(774) 262-3495



TESTING AND VACCINATION GOING FORWARD

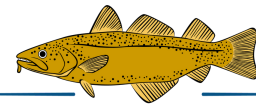
Throughout the most recent Omicron surge, the Massachusetts Department of Public Health (MA DPH) and Barnstable County have provided necessary resources to meet the demand for testing and vaccination, including weekly Stop the Spread testing sites in Hyannis and Provincetown, vaccination clinics at 4Cs, free PCR testing at the Orleans DPW and Cape Cod Church, and weekly vaccination clinics at the Barnstable County Complex. As case numbers plummet state and region-wide and overall demand for testing and vaccination decreases, most of these resources are tapering down and will no longer be offered as of April 1 (Barnstable County will continue to offer weekly testing at the Orleans DPW on Tuesday mornings from 9am to 10:30am). This leaves some wondering what comes next. What if a new variant emerges and case numbers surge again? What resources are available to meet travel requirements? What about those who are uninsured and cannot afford the cost of private testing?

As our region transitions from active COVID-19 response to management and surveillance, it's important to understand the status of viral transmission and community spread. **COVID-19 Community Levels** are a new tool to help communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital admissions and the total number of new COVID-19 cases. At this time, community risk for COVID-19 in Barnstable County is considered LOW. Accordingly, we are seeing low demand for vaccines and PCR testing, and therefore low attendance at our clinics. It has been determined that any remaining resources should be reserved for future surges that may result in increased demand by symptomatic and exposed individuals.

Presently, the Division is recommending, in line with the Centers for Disease Control and Prevention (CDC) and the MA DPH, that anyone with symptoms of COVID-19 or a known exposure to an individual with COVID-19, pursue at-home antigen testing. If you have symptoms, you should isolate and test immediately. If you were exposed to someone with COVID-19, you should test 5 days following your exposure and consider testing again 1 to 2 days after your first test if you test negative. If you're going to an indoor event or gathering, it's advisable to test immediately prior to that event. More information on at-home testing, including where and how to obtain free tests, can be found at **[Self-Testing At Home or Anywhere | CDC](#)**.

To receive free at-home tests, please visit **www.covidtests.gov**. Every home in the U.S is eligible to order 2 sets of 4 free at-home tests. If you already ordered your first set, order a second today. These home tests are reliable, easy to administer, and accurate. And if you're wondering whether you should seek PCR testing, speak with your healthcare provider. In most instances, at-home rapid antigen tests are an acceptable alternative to PCR. To learn about when you should get tested, what type of test should be used, and where that testing may be available, visit: **[Find a COVID-19 Test | Mass.gov](#)**. Many pharmacies provide testing and vaccinations by appointment—be sure to call ahead to ensure the services you seek are available.

We hope to be entering a new phase of the pandemic; one in which everyone takes personal accountability for their health and that of their families, while also keeping in mind our most vulnerable community members. Make sure you're up to date on vaccinations, including your booster shots as recommended by CDC. If you feel sick, stay home and pursue at-home testing. If you test positive, speak with you doctor about next steps, including the potential benefit of antiviral medication such as Pfizer's Paxlovid.



TESTING AND VACCINATION GOING FORWARD *(Continued)*

If necessary, our staff are prepared to ramp up testing and vaccination resources should another surge arise. In the meantime, we ask that everyone remain conscientious and diligent, especially when experiencing symptoms that could be related with COVID-19 or after a potential exposure. We continue to monitor COVID-19 data locally, as well as globally, to determine whether international trends could be reflective of future viral transmission in the United States and in particular, Massachusetts and Barnstable County. Please visit www.barnstablecountyhealth.org for the latest information and updates relevant to our region.

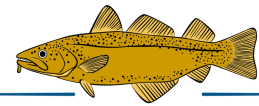


COVID-19 CONTACT TRACING IS UP AND RUNNING!

Six months have passed since the Public Health Nursing Division received grant funding from the CDC and MA DPH for epidemiologic and public health nursing staff positions to support and expand existing contract tracing efforts that have been underway since the pandemic began. The program is entitled Local Board of Health Support for COVID-19 Case Investigation and Contact Tracing. These staff investigate laboratory confirmed cases of COVID-19 among Barnstable County residents and identify, monitor, and track clusters that may arise. They also study surveillance data for the region to better understand how the virus is spreading and determine ways to lessen its impact. The Division is currently working with the towns of Provincetown, Yarmouth, Wellfleet, Harwich, Mashpee, and Dennis on contact tracing efforts.

The recent Omicron Surge challenged contact tracing efforts across the globe and Barnstable County was no exception. The Division's newly hired contact tracing team implemented a surge protocol for the months of December, January, and February per MA DPH suggestion. As of mid-February, with the decreasing Omicron numbers, they were able to resume normal operations throughout the towns of Barnstable County.





HELPING CHILDREN AND ADOLESCENTS COPE WITH COVID-19

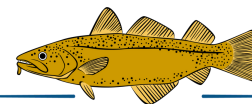
Mental health is an important part of overall health for children and adults. For many adults who have mental health disorders, symptoms were present—but often not recognized or addressed—in childhood and adolescence. When a young person begins to exhibit symptoms of a mental health disorder, early treatment can better prevent against severe, lasting problems as the child grows.

A new report published by the Centers for Disease Control and Prevention (CDC) calls a continuing decline in the U.S. suicide rate “encouraging,” but warns prevention remains critical as the country continues to grapple with impacts of the COVID-19 pandemic. The report notes that the country’s suicide rate declined for a second straight year in 2020, falling by 3% from 2019 to 13.5 deaths per 100,000 people. The rate among women declined by 8% over that period while men saw a 2% decrease, and such declines occurred despite fears that isolation and other consequences tied to the spread of COVID-19 might put people at greater risk.

Despite progress evidenced by the study, researchers also noted that the 2020 suicide rate remains 30% higher than 20 years prior in 2000 and stressed the need for evidence-based prevention strategies that target disproportionately affected populations. Further, the report stated that “while suicide rates were stable among most racial/ethnic groups, and in most states and county urbanization levels, some sub-groups experienced increases, underscoring that persistent health disparities remain.”

Citing data from the aftermath of Hurricane Katrina, researchers also emphasized that the pandemic’s impact could lead to a delayed rise in suicide. “As the nation continues to respond to the COVID-19 pandemic and its long-term effects on isolation, stress, economic insecurity, and worsening substance use, mental health, and well-being, prevention is critical,” the report states.

Another CDC study published in November 2020 found the proportion of mental health-related emergency department visits among young people between the ages of 12 and 17 increased by 31% from mid-March into October of 2020 compared with the same period in 2019. A separate analysis published last June reported a 26% increase in the average weekly number of emergency department visits for suspected suicide attempts among girls 12 to 17 years old



HELPING CHILDREN AND ADOLESCENTS COPE WITH COVID-19 *(Continued)*

Suicide was the 10th-leading cause of death in 2019 but fell out of the top 10 in 2020 and was replaced by COVID-19, which was ranked third and accounted for 10% of all deaths in the U.S. that same year. By age, the suicide rate was highest among people 85 years and older at 20.9 per 100,000, followed by a rate of 18.4 per 100,000 for people both 75 to 84 years old and 25 to 34 years old.

Warning Signs

It can be tough to tell if troubling behavior in a child is typical for their age group or something to be discussed with a physician. However, if concerning behavioral signs and symptoms last weeks or months, and if these issues interfere with the child's daily life at home and/or at school or with friends, you should contact a health professional.

Young children may benefit from an evaluation and treatment if they:

- Have frequent tantrums or are intensely irritable much of the time
- Often talk about fears or worries
- Complain about frequent stomachaches or headaches with no known medical cause
- Are in constant motion and cannot sit quietly (except when they are watching videos or playing videogames)
- Sleep too much or too little, have frequent nightmares, or seem sleepy during the day
- Are not interested in playing with other children or have difficulty making friends
- Struggle academically or have experienced a recent decline in grades
- Repeat actions or check things many times out of fear that something bad may happen

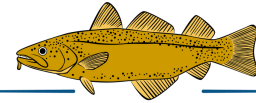
Older children and adolescents may benefit from an evaluation if they:

- Have lost interest in things that they used to enjoy
- Have low energy
- Sleep too much or too little, or seem sleepy throughout the day
- Are spending more and more time alone, and avoid social activities with friends or family
- Diet or exercise excessively, or fear gaining weight
- Engage in self-harm behaviors (such as cutting or burning their skin)
- Smoke, drink alcohol, or use drugs
- Engage in risky or destructive behavior alone or with friends
- Have thoughts of suicide
- Have periods of highly elevated energy and activity, and require much less sleep than usual
- Say that they think someone is trying to control their mind or that they hear things that other people cannot hear

It's important to remember that mental illnesses are treatable. If you are a parent and need help starting a conversation with your child or teen about mental health, we recommend that you visit [For Parents and Caregivers | MentalHealth.gov](https://www.mentalhealth.gov). If you are unsure about WHO to ask for help, start with your primary care provider or visit the [National Institute of Mental Health \(NIMH\)](https://www.nimh.nih.gov) webpage.

The ability to get immediate help for themselves or for a friend can make a difference. Therefore, it may be helpful for children and teens to have several emergency numbers programmed into their cell phones. Examples are as follows:

- The phone number for a trusted friend or relative
- The non-emergency number for the local police department
- The Crisis Text Line: 741741
- The National Suicide Prevention Lifeline: 1-800-273-TALK (8255)



HELPING CHILDREN AND ADOLESCENTS COPE WITH COVID-19 *(Continued)*

References and Additional Resources

- The **Department of Mental Health Southeast (DMH)** runs a Parent Information Network (PIN) staffed by parent coordinators with lived experience who can help refer parents to resources and support groups. Contact (508) 897-2193 for further information.
- The Crisis Text Line is a texting service for emotional crisis support. To speak with a trained listener, text HELLO to 741741. It is free, available 24/7, and confidential.
- Bay Cove in Hyannis operates the **Cape Cod Behavioral Health Urgent Care Program** which provides urgent and emergency behavioral health services to individuals of all ages throughout Cape Cod. The 24/7 hotline phone number is (833) 229-2683.
- The Massachusetts based organization Hand Hold (<https://handholdma.org/>) guides parents and guardians through their child's mental health journey.
- The **National Suicide Prevention Lifeline** is a network of local crisis centers that are available 24/7 to provide support for youth and adults who are in any kind of emotional crisis. The hotline telephone number is (800) 273-8255. The contact numbers below serve specialized groups:

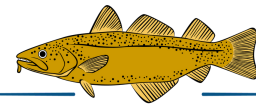
Spanish Language: (866) 628-9454

Deaf and Hard of Hearing: (800) 799-4889

Veterans: (800) 273-8255

Disaster Distress: (800) 985-5990

- The **Massachusetts Substance Use Helpline** at (800) 327-5050 is a statewide, public resource for finding substance use treatment, recovery, and problem gambling services. On-site or online/telehealth resources are available.



MENTAL HEALTH BENEFITS TO BEING OUTSIDE FOR CHILDREN

Is nature an under-utilized public health resource for the psychological well-being of youth in a high-tech era? Could “green time” buffer the negative consequences of screen time? Recent studies indicate that spending time outdoors can evoke comfort, well-being, and psychological ease, encompassing relaxation and inner peace.

Increasing access to natural environments during the school day can take some re-imagining of the norm. What if lunch were to be eaten outside? Which lessons might be taught in an outdoor space? Can small groups hold class discussions outside while standing, or even walking? When specific lessons cannot feasibly be taught outside, is there still a way for students to have dedicated time outdoors daily? For young elementary school students, perhaps a listening walk could provide an interesting way to transition between lessons. Older elementary school students might enjoy an outdoor classroom in the woods, in a butterfly garden, on a hill, or near a pond. For high school students, a gardening program could provide a refreshing change of pace.



To help educators implement outdoor learning, the following organizations provide free resources that are ready to use and can be tailored for students of all ages:

- [Green Schoolyards America](#) has shared 13 lesson plans in a publication entitled “[Experiential Outdoor Learning in the Schoolyard](#)” written by Susan Humphries. The lessons are ready to use, available at no cost and can be tailored for students of all ages.
- [Outdoor Learning NYC: A Toolkit for Schools](#) includes guidance, tips, and practical resources for outdoor learning.
- The National Wildlife Federations [Schoolyard Habitats Planning Guide](#) helps schools create native habitat, provide access to nature, and create outdoor classrooms for learning across the curriculum.
- The [Children and Nature Network](#) curates and summarizes peer reviewed scientific literature that makes the case for engaging children with nature. A few examples are as follows:

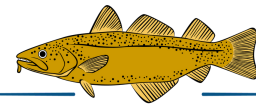
[Mental Health Benefits of Interactions with Nature in Children and Teenagers](#)

[It is about being outside: a Canadian Youth’s Perspectives of Good Health and the Environment](#)

[Green Schoolyards as Havens from Stress and Resources for Resilience in Childhood and Adolescence](#)

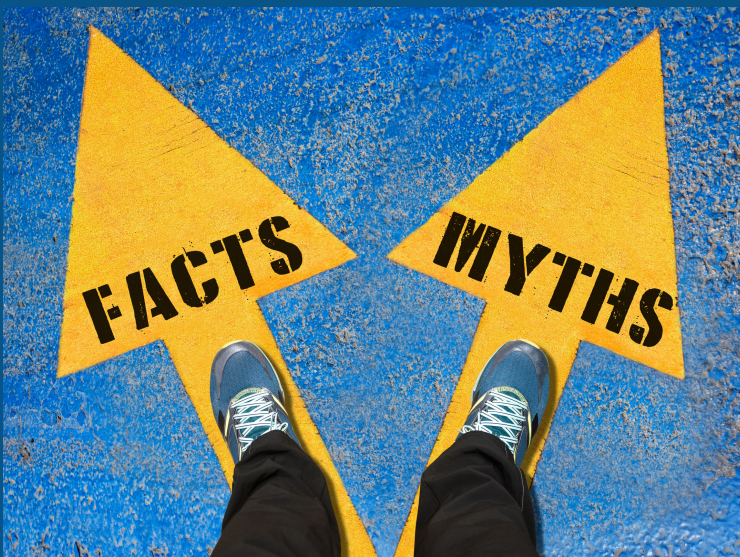
[Connectedness as a Core Conservation Concern: An Interdisciplinary Review of Theory and a Call for Practice](#)





DEBUNKED: "UNSTICKING" FALSE INFORMATION

By Theresa Covell, Assistant Public Health
Nurse



On a hot and humid late summer morning my 27-year-old stepson showcased the car he had recently purchased for his wife as we passed around a colander brimming with blueberries in our driveway. Carefree and relaxed conversation about plans to attend a local fair turned bleak when he shared that he and his wife were not vaccinated against COVID-19, nor did they plan to. They cited fertility concerns.

Although I knew the information that supported his position was unfounded, I worried that if he felt rebuked it would further dissuade him from considering a vaccine in the future. Research shows that, "simple corrections on their own are unlikely to fully unstick misinformation". And so, I found myself in a difficult spot; not only could the vaccine misinformation do them personal harm, but at the time my 10-year-old daughter was not yet eligible to be vaccinated.

Since that morning in the driveway, I've been seeking best practices to debunk false information that serves as the basis for refusing the COVID-19 vaccine.

When dialoguing with individuals whose beliefs about vaccines are founded on misinformation, science guides us to "use inclusive language and avoid stigmatization for holding inaccurate beliefs". If someone feels disrespected, it "is likely to polarize more than generate desired updating".

Misinformation, or false information, grossly affects vaccine confidence and vaccination rates. Most misinformation in circulation about COVID-19 vaccines focuses on vaccine development, safety, and effectiveness, as well as COVID-19 denialism. Misinformation leaves an impression. It "sticks" in our minds and is hard to unlearn. The "misinformation debunking" formula detailed below can help replace the misinformation with the truth. It's somewhat of a...fact sandwich.

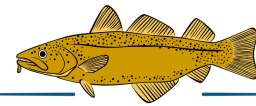
Fact + state the myth once + provide correction + fact.

Because repetition makes information appear true, when debunking a myth, sandwich it between the truth. Lead with the fact, stated simply, then warn a myth is coming. Because myths are so sticky (catchy, emotion provoking, and alarming), only mention the myth once so it can be corrected (don't give it more momentum).

After introducing the myth, explain in detail the inaccuracy of the myth and why an alternative is correct. When people understand the wrongness of the myth, they can replace it with the truth. If the mistaken information was originally thought to be correct, share details about why it is wrong and why the alternative is correct. Detailed corrections promote sustained belief change over time and protect against belief regression (i.e., a return to pre-correction beliefs). Conclude by restating the correct information for emphasis.

Let's practice by applying the misinformation debunking formula to the sticky myth from my stepson.

Fact: Currently no evidence shows that any vaccines, including COVID-19 vaccines, cause fertility problems



DEBUNKED: "UNSTICKING" FALSE INFORMATION *(Continued)*

(problems conceiving a child) in women or men. The truth is that the COVID-19 vaccine encourages the body to create copies of the spike protein found on the coronavirus's surface. This "teaches" the body's immune system to fight the virus.

Myth: COVID-19 vaccines can affect fertility.

Correction: Confusion arose when a false report surfaced on social media, claiming that the spike protein on COVID-19 was similar to another spike protein called syncytin-1, which is involved in growth and attachment of the placenta during pregnancy. The report insinuated that vaccine-induced autoreactive antibodies would result in deactivation of syncytin-1. In reality, according to several recent studies, it was found that similarities between COVID-19 spike proteins and syncytin-1 are negligible. Cross reactivity between Syncytin-1 and COVID-19 spike proteins was found to be non-existent. In fact, during the Pfizer vaccine tests, 23 women volunteers involved in the study became pregnant, and the only one who suffered a pregnancy loss had not received the actual vaccine, but a placebo.

Fact: The COVID-19 vaccine does not affect the fertility of women who are seeking to become pregnant, either naturally or through in vitro fertilization methods. COVID-19 vaccination is recommended for people who are pregnant, trying to get pregnant now, or who might become pregnant in the future, as well as their partners. Getting COVID-19, on the other hand, can have potentially serious impact on pregnancy and the mother's health. Individuals are encouraged to reach out to their medical providers to discuss other questions that they have about COVID-19 as it relates to fertility or pregnancy.

As we look to the future, monitoring for false information from online and in-person sources at the local level should continue. Catching misinformation early will lead to a timely dissemination of accurate information to address health-related concerns and questions. Proactively providing accurate information before inaccurate information "sticks" is proven to work best.

References and Recommended Articles

[Johns Hopkins Medicine: Covid-19 Vaccines, Myth Versus Fact](#)

[CDC: Myths and Facts about COVID-19 Vaccines](#)

[CDC: How to Address COVID-19 Vaccine Misinformation](#)

[Debunking Handbook 2020 | Center for Climate Change Communication](#)



WHERE TO FIND US



Barnstable County Complex
3195 Main Street | Barnstable, Massachusetts 02630
Buildings & Departments

- 1 Cape Cod Commission
- 2 Superior Courthouse, Finance, Commissioners Office, Assembly of Delegates - Clerk, County Clerk
- 3 Registry of Deeds, Cape Cod Cooperative Extension
- 4 Old Sheriff's House, AmeriCorps Cape Cod
- 5 Human Services, Water Quality Lab
- 6 Health & Environment
- 7 Information Technology
- 8 First District Courthouse

- A CCC Conference Room
- B Barnstable County Commissioners Conference Room
- C RDO Conference Room
- D Harbor View Conference Room
- E Mary Pat Flynn Conference Room
- F Innovation Room

- ★ Assembly of Delegates Regular Meetings
- ★ Board of Regional Commissioners Regular Meetings