Anna Pinsoneault Interview

Anna Pinsoneault – Director of Public Health Relationships at SHIELD Illinois

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SPEAKERS
Anna Pinsoneault, Jessie Knoles

Jessie Knoles 00:01
All right, we're recording. My name is Jessie Knoles, and I'm a Project Research Associate representing the University of Illinois Archives. Today's date is Wednesday, November 9, 2022. And I am meeting over Zoom to discuss the efforts of SHIELD Illinois in response to the COVID-19 pandemic for inclusion in the University of Illinois System's COVID-19 documentation project. I will let my interviewee introduce themselves, stating their name and their role.

Anna Pinsoneault 00:29
I am Anna Pinsoneault, and I am our Director of Public Health Relationships at SHIELD Illinois.

Jessie Knoles 00:37
Thank you. And thank you for meeting with us, Anna. I'm going to start off the interview with some basic questions regarding your role with SHIELD. At what point did you become involved with SHIELD Illinois? And in what capacity did you start there?

Anna Pinsoneault 00:51
Yeah, so I started in April of 2021. The end of April, I don't know the exact date. And I started as a relationship manager.

Jessie Knoles 01:04
And was that a new role for SHIELD?

Anna Pinsoneault 01:08
No, they had I believe two other people? No, there was a couple more that had started at the same time as me. There were other people in that role as well. Yeah.

Jessie Knoles 01:16
Okay. And what did that role look like? Whose relationships were you managing? Was it state or within SHIELD?

Anna Pinsoneault 01:25
Yeah. So ,I came in and actually managed the relationship with IDPH, the Illinois Department of Public Health, the Chicago Department of Public Health, and then also with our operations partners.

Jessie Knoles 01:42
Great. And at what point did you become the director of Public Health Relationships?

Anna Pinsoneault 01:50
So, it's where some titles were all switched differently at SHIELD, right? So probably within a month, we switched my title. The official position, which I'm not even officially that with the university, was switched in October.

Jessie Knoles 02:10
Okay, so the title was switched, but your responsibilities were essentially the same?

Anna Pinsoneault 02:14
Yeah. Well, what we realized is I was doing a lot different than every other relationship manager. So, my responsibilities were very different from the other relationship managers who were working directly with the external customers. So, the schools or things like that, yeah.

Jessie Knoles 02:35
Okay. So, in the Spring of 2021, at what stage was SHIELD Illinois? Was it still in the beginning stages of figuring out how everything was going to operate?

Anna Pinsoneault 02:49
Yeah, we'd figured out we were going to operate. There was some schools' testing and universities testing. But we were in the process of working with the state on when we were going to roll out to the K through 12, working on guidance, working on all of that type of thing. What schools would be covered by state funding? What schools would be covered by Chicago funding? All of that, we were still figuring it out. And then what role our operations partners would have, and all that.

Jessie Knoles 03:26
Okay. Can you clarify what operations partners?

Anna Pinsoneault 03:34
Yeah. So, SHIELD, throughout the time we've had I think six different operations partners that SHIELD has worked with to help with onsite collection. And so, they are other companies that SHIELD has outsourced with and contracted with to provide staff to do sample collection and transportation to the lab at certain SHIELD collection sites.

Jessie Knoles 04:08
Okay, great. Thank you. And so, with your responsibilities, your primary colleagues are primarily working with external partnerships, such as the Department of Public Health and those operations partners?

Anna Pinsoneault 04:27
Yeah. Yeah, done a lot of different -- so yeah. And then with ISBE, the Illinois State Board of Education too, with some guided stuff.

Jessie Knoles 04:41
And do you have a team that you work with, or are you pretty much like the public partnerships...?

Anna Pinsoneault 04:54
So, I work more with the senior directors and the general manager on that stuff because they have some involvement in it. But yeah, from my standpoint? Yeah. I'm the main go to person for those partnerships.

Jessie Knoles 05:14
Okay great. And let's see. Okay, now I'm going to get into some more questions specific to your role as the Public Health Relationships Director. So, your role as Director of Public Relationships is seemingly public facing and dependent upon building trusted partnerships with people. Were there any challenges in working with external partners or certain -- essentially the school districts that you were trying to set up testing for? Or did you face any sort of hesitancy or backlash in response to K through 12 testing throughout the state?

Anna Pinsoneault 06:10
Yeah. So it varied in, I don't even want to say areas because some supported some didn't, I think the biggest backlash, or whatever we experienced was parental pressure to administrators, that then they did not want to deal with that parental pressure. They just succumb to it. Versus they might have agreed with testing and having a testing program in place, but didn't want to fight that external pressure. I think that was probably the biggest one. The other one was there was some operational lift on the K through 12 school side, and certain schools not having the resources to be able to do the rostering or figuring out how to get patients, get students consented, and things like that, or those not having the desire to spend their time doing that.

Jessie Knoles 07:28
So, when did SHIELD Illinois begin testing K through 12 schools? And when that rollout happened, how many schools had opted in for the testing?

Anna Pinsoneault 07:53
So, we were already testing K through 12 schools before I started. I believe the first one was in February of 2021. But I'm not positive on that date. And then the majority of the rollout happened August and September and October of 2021. As that roll had happened, I think at one point, we had over 500 opting in to do it. Not all of them actually ended up coming on board with SHIELD for a variety of reasons. I don't know, there's a timeline that we have of when people signed up. I don't know if anyone shared that with you guys yet. But yeah, so it kept changing, but the majority was end of August, September, and October that most schools came on board. And it all fell in place. I think it was the governor put a mandate, the mandate that unvaccinated staff and students had to test weekly. That

also made a huge jump in terms of those that opted in to do SHIELD that wanted to start doing SHIELD testing.

Jessie Knoles 09:20
So you were working directly with these schools, correct?

Anna Pinsoneault 09:24
Yeah. So, I was working with some of the schools directly, helping the relationship managers, with the schools that were having difficulties or questions on guidance, or what they needed to do. Also because I was managing the operations partners, who were all going through that onboarding process. So, it was meeting with them in the relationship managers' weekly to make sure we were satisfying the school's needs in terms of getting testing schedules, getting all that and then at the same time I'm working with IDPH and Chicago on what is our testing guidance? Who needs to be tested? When? What was that testing people wanting? Do we test vaccinated people? Do we test unvaccinated only? Do we test once a week, twice a week, all of that type of thing. So, it's doing all different aspects of that.

Jessie Knoles 10:24
That's a lot of work.

Anna Pinsoneault 10:25
I'm sure you talked to everyone, everyone at SHIELD was doing everything.

Jessie Knoles 10:34
So, what would you say that a school's primary need was in terms of getting SHIELD set up and operating within their district?

Anna Pinsoneault 10:45
Yeah, so I think the primary need for the school was to have the right communication out to their community. That was providing them with the information they needed about what the testing was, who was getting tested, when they were getting testing, what it meant to be testing. And then having a system in place where once they got the consent approval, was able to put that into the format that SHIELD needed correctly, to put into our point and click system, to develop the roster. And then to really work with each – especially with the school districts that were larger -- school point of contact, to ensure there was a place to set up the testing, when testing would take place, how that would coordinate with students' breakfast and lunch schedules, because of the not being able to eat or drink an hour before. A lot of that operational piece behind it was what the schools needed to get involved with and setup on their end. And then they also had a setup in place a way to provide contact tracing, and what they were going to do with positive cases, how they were going to work with the local health departments on that. How they were going to manage parents sort of things that didn't want to agree with test results, that want to do all of that.

Jessie Knoles 12:27
Did SHIELD Illinois help with setting up contact tracing for the schools? Or did you send them to someone else who helped them with the cost?

Anna Pinsoneault 12:40
Yeah. So, we did not set up or do anything with contact tracing. They were going directly to their local health departments. We did or I did start working with them a little bit on outbreaks and outbreak testing in what was considered outbreak and did some advice on that, as local health departments were too busy and IDPH was too busy with that stuff. So, I did from a public health perspective, get involved with that and help them put together outbreak testing plans. But we were directed to send them to local health departments. Local health departments stopped doing contact tracing, back probably April of last year, and so then it fell back onto the school to be doing all that on their own. But they still needed to do some because they had to report it to the local health department. Yeah. So, it was a big lift of when there was a lot of positives happening in their school district.

Jessie Knoles 13:51
Okay. I'm going to ask a question going a few steps back. Once the school district had opted into testing, did students need to get parental permission to opt in to the school's testing program?

Anna Pinsoneault 14:09
Yes. So once schools decided to do SHIELD testing, then they needed to put together a consent format. Some used an affirmative consent, which was an opt in where the parent or if it was a teacher so had to say yes, I will consent to testing and provide the school my results or some did an opt out that if you did not want to test, you would say to the school I don't consent to testing and then you wouldn't be able to test. So, that was the schools had to make that decision once they made the decision to use SHIELD. And then that was how they developed their roster and who was going to be tested.

Jessie Knoles 14:51
I see. Okay. Do you have an idea of roughly, percentage wise, how many people in the districts were using SHIELD?

Anna Pinsoneault 15:08
Yeah. So we have somewhat of I would say probably -- some districts it was super high. And we were testing 75-80%. Some, it was super low. And we were only testing 10-20%. So, there's a huge range and variety. We did run some numbers, and some numbers can be run, but we don't have the data on what the actual number of students that we had. We don't have the most up to date and accurate data. But versus we can then, we put that against how many were actually testing with SHIELD and the number of patients that actually tested. So it was a huge range. Some schools were doing 90%, some schools were doing less.

Jessie Knoles 16:05
And even if the schools were only testing 10%, SHIELD was still operating? Like there was never not enough people are using this, so we're going to pull our operations or did..?

Anna Pinsoneault 16:18
No. You could test as many as you wanted, it would never be pulled. There was just limits on the collection type, and if the school had to do their own collections, do their own delivery to the lab or if

they were testing a certain amount a week, they could have an operations partner, which would then provide that collection site support.

Jessie Knoles 16:41
Okay. And in terms of schools, was SHIELD used in both public and private schools? And the funding? How did you determine how the funding was going to be?

Anna Pinsoneault 17:01
Yeah, so the public schools were funded by IDPH. And the funding that they received from the ELC reopening schools from the federal government. The private schools were funded through the Midwest Coordination Center Hub, which was a federally funded grant. And then Chicago, the city of Chicago funded their charter and private schools themselves. Chicago has its own funding source for the program.

Jessie Knoles 17:33
Okay. Thank you. And then in terms of working with public health departments, what were your main responsibilities with that partnership? And what did the communication look like there?

Anna Pinsoneault 17:51
Yeah, so with local public health departments, I mainly worked with talking with them if there was outbreaks or questions on outbreaks or outbreak testing, and then also worked with public health departments on community testing, and looking at locations to set up community testing in their areas. And we still work with them on all of that. From the city of Chicago, worked with them on more funding that would schools were coming on board, and then obviously, with the Illinois Department of Public Health, worked from a much larger perspective with all of that as well. And then also I did work with a lot of the public health departments, the local health departments as well on providing them information on what schools in their county health department were actually testing with SHIELD, which ones had signed up that type of information. Yeah.

Jessie Knoles 18:59
And I'm sorry, if you've already mentioned this, but at the peak of SHIELD Illinois being used in K through 12 schools, how many schools would you say roughly, were using SHIELD Illinois?

Anna Pinsoneault 19:15
I think the number is around -- individual actual schools, I think we were in 12 or 1300 schools. Individual schools that were testing, including districts, private, all of that. I don't have the exact, I'm sure someone has the exact number. But yeah, it was a lot. Because you're looking at -- there are some school districts that had 40 schools, some had one, so it was a huge variety.

Jessie Knoles 19:46
And that peak was in the fall of 2021?

Anna Pinsoneault 19:50

Yeah, I'd say the peak testing was probably October, November, I think is when we had the most on board. I can tell you we had -- I pulled some data on this the other day. But the end of October last year, we had 253 K through 12 agencies that were already testing with us by October 31. So, some of those are individual schools. Some of those are multi school agencies, but that's just K through 12.

Jessie Knoles 20:41
So, if a school wanted to test, they do not have to start at the beginning of the year or the semester, they can just sign on at any time? Is the same true for pulling out of the system? Or do they sign some sort of contract that requires them to use SHIELD for a certain amount of time?

Anna Pinsoneault 21:01
No, they do sign a contract, but it's a no cost contract, and there's no -- they can continue to test with us through the contract, or they can full stop testing at any point.

Jessie Knoles 21:13
Okay. Are schools still using SHIELD today in Fall 2022?

Anna Pinsoneault 21:20
Yes. We have – currently right now -- sorry, I shouldn't have put that away. As of the 31st we have, K through 12, we have 138 that are already testing and four more that are in onboarding.

Jessie Knoles 21:49
Oh, wow. Okay. So once a school district has decided to implement testing, you have an onboarding process. Can you talk about a little bit about what that onboarding looks like?

Anna Pinsoneault 22:03
Yeah. So, when a school decides to test, they tell [inaudible] that then gets sent to the relationship manager team -- which I'm officially apart that team, managing them -- the net account gets assigned to a relationship manager. And then it either gets assigned -- based on how they're going to do collection -- it gets assigned to an operations partner, or they stay as a self-collect. An email gets sent out to the K through 12, that basically says: welcome aboard, here will be your relationship manager. Based on what parameters they fall in, they get sent an onboarding guide and some videos and FAQs about SHIELD, as well as a link to schedule a meeting with their relationship manager. We asked them to look through all that information before they meet with a relationship manager. Then they would meet with their relationship manager, their relationship manager then goes through an onboarding PowerPoint presentation that walks them through the different processes they need to do to get their school up and testing. And then shows them where to find everything, makes sure they have all the information on how to get consents, what type of consents, any of that. Make sure if they're using an operations partner, that they've been in contact with that operations partner, have all the contact information for that. The school continues to go through the onboarding checklist. As they meet certain areas of the onboarding checklist, then the relationship manager follows up and makes sure everything is put into our point and click system correctly. Makes sure supplies are ordered, everything's done to get them up and ready for their first testing day. Once that testing day is confirmed, either the school tests on their own and a lot of times SHIELD will send someone out to help them on that first day. Or if

they have an operations partner, the operations partner goes out and performs the testing on that. So, it's a set onboarding guide for each type of school that's coming on board.

Jessie Knoles 24:34
Okay. And roughly, how long would the onboarding process be?

Anna Pinsoneault 24:43
Yeah. On average, I would say three weeks. It can be done as quickly as two weeks and some schools have taken months. Really the main point and sticking point on the onboarding process is the school obtaining consents and getting the roster to SHIELD of who will be tested.

Jessie Knoles 25:15
Okay. And in terms of collection options, are those just to either work with an operations partner or self-collect?

Anna Pinsoneault 25:24
Yeah.

Jessie Knoles 25:27
Do you know how many schools -- was there a very obvious choice? Were most using collection partners or were most doing self collection?

Anna Pinsoneault 25:39
Private schools did not have the option for an operations partner. They were only doing self-collection, their funding did not cover an operations partner. It's hard to say -- so the larger schools and the larger school districts were using an operations partner, and the smaller ones were doing self-collect -- there was only a handful of larger school districts that were doing self-collect, and there was only one or two. It's because they had started with SHIELD prior. So had already had a system in place on their own before it was covered by the state. Yeah.

Jessie Knoles 26:24
How did SHIELD determine who was going to be an operations partner? Was that like, hire a specific company to do this?

Anna Pinsoneault 26:35
Yeah, so we hired specific companies when I came on board, there was already three that had already been contracted. And then we brought on 1, 2, 3 more companies during that time. It really was, for the most part, there were companies that had reached out to SHIELD. One we had actually had been referred to us by the Illinois Department of Public Health, they were working with them on other things. We would talk to them about what it entailed to be an operations partner, what the program was all about, what they needed to do, all of that. And then they would agree -- they had the same partnership agreement with all of the operations partners. And SHIELD also has a field operations team that also goes on site and collects at K through 12. So similar to what the operations partners do. We have an internal staff that does the same thing. Yeah.

Jessie Knoles 27:46
Thanks. So did SHIELD, the collections partners and the school district testing partners, was the communication ever all three of them at once? Or was it usually two people at a time? Was there ever some sort of meeting between the three stakeholders, if you will?

Anna Pinsoneault 28:10
Yeah. So, there was quite a bit of meetings with that. The way it kind of worked is -- myself, I would have a meeting with each operations partner weekly with the relationship managers that were working on their accounts to get an update on where we were in onboarding, talk about any issues going on, any concerns. And then if there was issues, concerns, that type of thing, or the need then, the relationship manager, and then that main person for that agency from that K through 12, from the operations partner team, they would all meet together. Or, if there was larger issues, a lot of times I would be on that with higher level people from the operations partner team. But yes, there was quite a bit of time that that would happen. We tried to keep it as separate as possible, in terms of this SHIELD responsibility, this is the school responsibility, this is the operations partner responsibility, so that the school knew where to go for questions, concerns, schedule changes, things like that. They would go directly to the operations partner, versus the whole set part would go directly through SHIELD.

Jessie Knoles 29:31
Okay. And in those meetings, you mentioned, if the school had concerns or issues -- could you give a few examples of what sort of issues and concerns a school might have had?

Anna Pinsoneault 29:42
Yeah, so I think one of the biggest ones was trying to -- was finding a schedule that fit both the staffing of the operations partner and the times that the school wanted. Nobody wanted to test on Fridays because they didn't want to do contact tracing over the weekend. But staffing wise, all these other organizations -- you want your staff to be able to work Monday through Friday but everyone wanted to test on Tuesday and Wednesday, and couldn't test everybody on those same days. So, I think that was probably the biggest challenge with that. And then the other time where there was problems or issues was just that there was on site personnel, staff issues that occurred during the test collection process.

Jessie Knoles 30:35
I see. So, were students testing once a week then? Or was it just --

Anna Pinsoneault 30:41
Yeah. So, the program was meant to be set up for the once-a-week screening testing.

Jessie Knoles 30:51
Right and you said, Tuesdays and Wednesdays seem to be popular? At what time were most of the schools' testing? Was it still within their school time? Or would students come in early to do it before?

Anna Pinsoneault 31:03

Yeah no, most schools tested within the school time. Most school started around nine ish or so because the majority of kids -- they provided breakfast at school, they needed to wait for kids to be able to eat, and then have time to eat. Some schools would start earlier, but they would start with the staff earlier. And then generally students after nine o'clock.

Jessie Knoles 31:34
Was there any -- did you notice any sort of concern for specific testers, either maybe younger kids? Or did testing was it easy for all users?

Anna Pinsoneault 31:51
Yeah, it was pretty easy for all users. The younger kids took a little bit longer initially, like the first two weeks or so of testing always was much more challenging. Then after it, once the kids had done it multiple times and understood what they wanted to do. But yes, the younger kids were more challenging to get them used to it in the beginning, in terms of that. And then the challenge with the high school level, was that most high schools did not have a set time a student needed to go and it was more of go in here during your different things. And the high school students wouldn't show up because it wasn't part of a class, it was in an elementary school level.

Jessie Knoles 32:46
Right. When a student wouldn’t test, did that pose a sort of issue for SHIELD?

Anna Pinsoneault 33:00
No, it didn’t really pose an issue for SHIELD. I think the challenge then became the schools that wanted operations partners, especially at high school level, but then there wasn't enough students coming down to test. We couldn't continue to staff for them. And they would need to self-collect, because they weren't getting enough people to come and test. Because we had, it was a 50-sample minimum, to be able to have an operations partner at your location.

Jessie Knoles 33:34
I see. And in terms of the actual test, I've been tested here on campus, and there were several iterations of the testing, like the physical how it looked. Were these schools using a funnel or straw or how were how was the physical test being practiced?

Anna Pinsoneault 33:58
For the most part, SHIELD used funnels, due to some supply chain issues. There was times when we did send out straws. We've had to switch the funnels during the process. And anytime there was a little change, there was pushback from people. Some liked the new change, some wanted it back, some wanted it. Yeah. But again, it was when we were at our peak of busyness in November, December, January, and there were supply chain issues across the country as well.

Jessie Knoles 34:38
Were all schools, always testing once a week, or was there ever an option to do -- during a peak of COVID, was there an option to test multiple times a week?

Anna Pinsoneault 34:50
Yeah, so most schools were just doing the once week. If there was an outbreak, it was recommended that you test that cohort of people twice a week. Based on the school and based on the amount of kids, we did do twice weekly testing at different times. There was also schools that right after breaks, right after holidays such as Halloween right after Thanksgiving right after Christmas, they did want additional testing done to have the entire -- some kids that were not part of the weekly testing or to do it sooner than their weekly testing, or increase their weekly testing that week. We did that as well.

Jessie Knoles 35:42
Okay. And were you working with colleges and universities as well? Or were you primarily working with the K through 12 testing partners?

Anna Pinsoneault 35:54
Yeah, I didn't do as much with the colleges and universities just more the K through 12. In the community testing.

Jessie Knoles 36:00
And the community testing. At what point did community testing start rolling out for SHIELD Illinois?

Anna Pinsoneault 36:07
So we had community testing when I started already. I don't know, I think it also kind of rolled out around March timeframe. And it was -- we initially had, we did have most of our community testing. So, I guess it was within the colleges or the community colleges, were the locations where we set up a lot of our community testing, initially, just based on space, where they were in colleges, all of that. And then we did some with federally qualified health centers. We did some with health care -- I guess they were offered to qualified health centers. We did one with a hosp -- we looked at doing them with critical care hospitals. We had one critical care hospital that did SHEILD community testing. And then we worked with local health departments, and then also community organizations that were community nonprofit organizations also did testing. We've also have worked with religious churches and things like that to offer community testing as well.

Jessie Knoles 37:24
Do you know roughly how many community testing centers there was?

Anna Pinsoneault 37:30
Yeah, at our peak, because there were some K through 12, that were also doing community testing, I'd say at a peak, we probably had about 40, between 40 and 45, community testing locations at one point.

Jessie Knoles 37:48
Okay, and how did SHIELD get implemented with community testing sites? Was that a very similar onboarding process as K through 12 schools? Or how did you set up this community testing?

Anna Pinsoneault 38:06

Yeah, community testing sites are way easier to set up than K through 12, as there's no rostering, the patient consents when they sign up for a portal online. And so literally, to get a community testing site set up, there needs to be space. And then there needs to be someone that can collect the samples and transport to the lab. We did do community testing sites where that location would collect on their own and SHIELD would reimburse them $8 per collection. And then there were sites where SHIELD staff did the collection or operations partners did the collection. Generally, a community testing site can be set up in a week to two-week timeframe. And we've done pop up community testing sites as well. We did those prior to Thanksgiving and prior to Christmas, and doing them again this year prior to Thanksgiving and Christmas. It's a one day, couple hour community testing location. So, we've done a lot of those as well.

Jessie Knoles 39:15
Are you responsible for the outreach to community testing sites? Or how did the word get out that these sites, especially the pop up sites were in operation?

Anna Pinsoneault 39:28
Yeah. So, it was kind of a mix. In general, I would work with IDPH and then also the relationship manager team on who we had as current SHIELD testing that would be wanting to do additional testing for the holidays. Most of the pop-up sites were at community colleges or were K through 12 that were already testing with SHIELD. I have done outreach as well to community-based organizations to religious affiliations working through the local health departments to say, “Hey, who would be a good community testing site in your location?” So, a lot of that is how those community testing sites are all decided. Because there's parameters around who can be a community testing site for funding.

Jessie Knoles 40:25
What sort of parameters?

Anna Pinsoneault 40:27
Yeah. There initially, there wasn't. And then with the -- as we started moving some funding through the Midwest Coordination Center, it was what -- IDPH did have to prove the locations for community testing sites to make sure it was in the right areas. And then we really wanted to make sure community sites were in areas that were equitable for public health. There was a -- so the social vulnerability index needed to be between a medium and a high. So above a point five social vulnerability index for when we went under for a certain funding parameter for that. So those were easier and quicker to set up, if it was based under that funding. That's where IDPH wanted that funding for the community testing to go through. So, it really is based on equity and need, where we set up these community testing sites.

Jessie Knoles 41:26
Were those in any sort of concentrated area within the state, or were they pretty spread out throughout the state of Illinois?

Anna Pinsoneault 41:32
Majority were in Northern Illinois, just based on the want for testing by the local health departments. We did have them spread out throughout the state, we did make a very concerted effort to get them in, get

community testing sites in Southern Illinois, hence why we started working with critical access hospitals and federally qualified health centers, as well. And then the city of Chicago has its own funding. So, we did have some in the city of Chicago for a very short period of time. But there was not the support for the community testing sites in the city of Chicago, as there was outside of the city of Chicago, because there was enough other testing sites that didn't need to be funded by the city that were available in Chicago for testing.

Jessie Knoles 42:30
Okay, were there any specific issues or concerns for the community testing centers that you maybe didn't see as much as within the school testing?

Anna Pinsoneault 42:44
Yeah, I think with the school testing, we had an idea of how many patients would come on a given day, versus our community testing centers, we did not know how many would come. You could make appointments or do walk ins. So that was one of the challenges, especially as things got extremely busy, during the wintertime when the Omicron surge, and so some of our community testing locations did get extremely, extremely busy and had a hard time managing the volume. Some of the other challenges with the community testing sites was really finding a location that we were able to do it. Our testing needed to be done indoors. And there was not a lot of organizations or locations that were willing to offer free indoor space for community testing, which is still a challenge for community testing, is everything had -- we did not provide any rent or anything for the space. The space needed to be free. And so that's always been the biggest challenge with finding a community testing location, is finding a place to do that’s indoors that would just pro bono give SHIELD the space.

Jessie Knoles 44:12
How many community testing centers roughly are in operation today?

Anna Pinsoneault 44:17
I believe there is -- I’ll tell you in a second. [counting numbers] 15.

Jessie Knoles 44:33
That's quite a bit. Is there data on how many tests they're doing daily?

Anna Pinsoneault 44:45
Not daily. So, we're averaging around about 950 tests a week at our community testing locations currently. Which is pretty good for considering the spread is pretty low right now.Yeah. And some do a lot more than others.

Jessie Knoles 45:08
Okay, yeah. And during that Omicron surge of Christmastime 2021, do you have data on roughly how many community tests were being taken?

Anna Pinsoneault 45:20

Not after – let me if I can pull this up real quick. Let me look at -- Well, hold on I'm gonna take me a sec here to pull up these numbers.

Jessie Knoles 46:17
In the meantime, I do have a question that I failed to think about. With the testing, how soon were the results available?

Anna Pinsoneault 46:31
Yep. Within for the most part within 24 hours.

Jessie Knoles 46:36
Oh, okay. For both school testing and community testing? Great. If you can't find it, we can move on too.

Anna Pinsoneault 47:14
Yeah, no. I've gotta calculate it a little bit here. So, we were averaging, I would say during that time, about 15,000 community tests a week. But double.

Jessie Knoles 47:44
Great. Going back to the school testing. Was there any difference in operations between public school and private school? I know, you said that the – I can't remember what it was.

Anna Pinsoneault 48:11
Yeah the private schools were not eligible for operations partners, based on their funding, and so they did need to self-collect.

Jessie Knoles 48:18
Okay. Were there any other differences between how the testing operations were between public schools and private schools?

Anna Pinsoneault 48:26
Not that we're aware of besides that, in terms of that. It just depended on how large that public school -- that private school was versus that public school. There tended to be lower volumes, but they tended to be one school versus a group of schools. And so that made a difference on the back end for that school, how much additional work was needed for consents and contract tracing and every other thing that went along with the actual testing.

Jessie Knoles 49:07
Okay. Once the school had started the testing procedures, how often if ever, were they contacting either you or the health relationship managers, I think was the term?

Anna Pinsoneault 49:24
Yeah. So, the relationship managers, the goal of the relationship managers is to reach out to every school every week or every other week, to check in. With the volume of last year, it wasn't happening

as much as it is now. And it really depended on the school. So, there were some school districts that I know during the peak time of November to February, March, I personally talked to almost once a week because there wasn't that many outbreaks, or that much need. Generally, I'd say SHIELD sent out newsletters on a weekly basis, as well as the schools with updates on things. Guidance kept changing from probably August all the way through March almost on a monthly basis as well. So, schools had questions on that, what they needed to change all of that, can we -- it was more on who do we test? And how can we test and think was more up to date once schools got up and testing, and some had a much greater need than others.

Jessie Knoles 50:48
So, their primary needs and concerns there was information about what to do during specific phases and variants and guidances.

Anna Pinsoneault 51:01
Yeah. Changes to guidance. The test to stay protocol was rolled out, I believe October, November, which allowed for additional testing for kids that were exposed to stay in school that continued to test negative. And so that created a big influx of a lot more people reaching out and wanting more information on all of that, and how to implement that testing. I feel like there was always that well -- and then we rolled out that -- they were able to use by next point of care testing at school through SHIELD. So, there was always up through probably the beginning of March, there was always something new or something going on with COVID, or a variant or a new testing protocol or something that there was that constant outreach. And then I think March, April, May is kind of when it died down a little bit of schools constantly reaching out to relationship managers.

Jessie Knoles 52:14
And with the test to stay was that was that a daily testing for someone who might have had contact with a positive?

Anna Pinsoneault 52:22
Yeah, so it was a testing algorithm. It started with testing on days 1, 3, 5 and 7. So on every other day, and then it switched to March, April or end of February or March and switch to just testing twice, within a seven-day period.

Jessie Knoles 52:45
Okay. And did you mention that SHIELD provided, a rapid test to --

Anna Pinsoneault 52:52
We did. Yeah, so SHIELD did not provide the tests, they would order the test directly from IDPH. But SHIELD provided the reporting and the CLIA waiver, and the physician order for the binaxnow rapid tests. Well, now we do it for any point of care antigen tests that the state sends to K through 12 schools as well. So that they can use the same system they're doing the SHIELD testing to report to the state and to track students' test results if they use those on site at school.

Jessie Knoles 53:28

But they're reporting results to public health departments not to SHIELD?

Anna Pinsoneault 53:33
No so our point and click, which is the SHIELD ERM system, daily reports all results through that SHIELD system to IDPH. Okay, and for their communicable disease reporting services. And then those in turn get then reported down to the local health departments. In terms of that now, most not all local health departments, most of those local health departments also had a team of contact tracers, things that worked directly with the K through 12 schools, where K through 12 schools would report results to them. Most were reporting aggregate results. So, I had this many positives or this many of them not individual patient results, which those who are getting reported directly to the state infectious disease reporting system through our point and click system. Did I explain that? So that's the difference as well, too, with those positive antigen tests, is they're going to get reported by that individual SHIELD system versus it was more of an aggregate that was getting reported by the school to the local health department, unless there was an outbreak or some issue because they were doing the contact tracing then on the back end.

Jessie Knoles 55:04
Okay, the point and click system, was that a essentially a website that people would go to, or was there some app?

Anna Pinsoneault 55:11
Yeah. So no, the point and click system is the SHIELD's EMR system. So, it is all the medical record management for the SHIELD COVID testing, so used by us, by the labs, all that, patients, it's all connected to the patient portals where patients go and get the results, but it's all connected to a much bigger EMR. Electronic Management Record system. Yeah. Which is where everyone's rostering consents, all of that through the schools are all in.

Jessie Knoles 55:48
Okay. This might be a silly question but legally or just procedurally, why is a roster required for school districts, but not for the community testing?

Anna Pinsoneault 56:02
Yeah. So, to test anyone under the age of 18, there needs to be parental consent. Since the people are on actual physical site, and when you sign up for the patient for you sign up for a portal to go get tested in community testing, it asks for your consent, right then and there, on there and SHIELD can't test someone under the age of 18 without that parental consent. And so, the schools -- because that parent was not present during the testing that needed to be legally on the back end.

Jessie Knoles 56:41
Okay, great. Let's see. So particular to your role as the Director of Public Health relationships, what would you say were your biggest challenges in that role?

Anna Pinsoneault 57:06

I think the biggest challenges were probably really making sure that as things changed within the pandemic landscape, and new variants and new things and needs for increased testing, now coming down to test data. There's a report out that they're going to expect a 37% increase in COVID transmission by the 17th. How to continue to maintain a structure and communication channels that can flex with the changing of the pandemic. And that making sure not only that everyone within SHIELD understood what was going on and what changes were being made at a state level, but then also that that was being conveyed out to the K through 12 school districts or communities or any of that in with correct information. That was the biggest challenge is everyone hearing different things, different health departments. It all fell on the local health department to make final decisions. So different health departments having different policies, all of that. So really just keeping that communication accurate when it was flexing on a daily to weekly basis.

Jessie Knoles 58:58
I'm sorry, this is going to need to go back, but before you started with SHIELD, what kind of projects or work were you doing then?

Anna Pinsoneault 59:06
Yeah, so before I started with SHIELD, I was in pharmaceutical sales for 17 years. And then I went back to school and got a MS in Population Health. Finished that right as COVID hit. And so then worked at the Cook County Department of Public Health as a COVID investigator for two and a half months prior to coming to SHIELD. That had been my only other public health per se, initial public health job. So, I managed a team of contact tracers. Prior to coming to SHIELD for a couple months. But other [than that] had been in pharmaceutical animals in more chronic disease management.

Jessie Knoles 1:00:04
Do you think that the pandemic has affected the sort of work you're particularly interested in? Or how you approach doing your job?

Anna Pinsoneault 1:00:17
Yeah, 100%. When I went to school, I didn't expect there to be a pandemic. I'm bummed I finished right when it hit versus I wasn't still in school during it. But no, when I went to school, it was to stay in the pharmaceutical realm and do more -- have health economics and outcome research focus type stuff, and with an emphasis and focus on equity and disparities in care and community health. And after that, I think it's definitely changed because we all knew equities and disparities, and everything existed in chronic disease, and in community health accessibility, and access to care and everything else prior, but now after the pandemic, it's made people more aware of it, and the need that it does need to be addressed, and it can't continue to be talked about and ignored. So yeah, it's definitely changed where I'm looking at my thoughts of, what I want to go do next afterwards is. The next thing is -- how is this -- I've had greater background in chronic disease from cardiovascular, diabetes, HIV, depression. I've been in all those different areas. So how now has a pandemic affected all of these chronic disease states, and especially in areas where there are inequities and determinants to care, and other social determinants and how we're going to address those from a pandemic preparedness standpoint without just looking at preparing for the next pandemic.

Jessie Knoles 1:02:28
Right, right.

Anna Pinsoneault 1:02:32
We could get way too much into this. I was like, I could talk about that for hours.

Jessie Knoles 1:02:41
There's also something you mentioned a long time ago that I forgot to follow up on. Just quickly, could you maybe talk about your partnership with the Illinois State Board of Education? Were you working directly with them for some of the SHIELD operations?

Anna Pinsoneault 1:02:59
Yeah. We did work directly with the Illinois State Board of Education, when we were looking at the rollout of SHIELD to schools. Initially, with funding, we were looking at certain socio-economic factors -- what was it specifically called -- in terms of who it was going to be covered for initially for K through 12, and if it was going to be free, or if they would have to pay for it. So, we worked with Illinois State Board of Education on that and did the rollout in a phase approach. What was what we were specifically looking at? We were looking at the evidence-based funding, was what helped us [with] what initially we were looking at determining, and then we ended up just rolling it out to every public school, but initially it was only going to be rolled out to schools for free, that were in certain evidence-based funding levels. So worked with Illinois Board of Education on making those changes to how we were going to roll that out in funding as well as working with them on -- there was always questions about consents from a legal standpoint from the schools -- worked with the Illinois State Board of Education on that. Also worked with them, they work directly and closely with us and IDPH on guidance, and what sort of testing guidance there would be in the schools and what sort of testing guidance would follow. So, every guidance update or publication that was put out, it was put out jointly with the Illinois Department of Public Health and ISBE, the Illinois State Board of Education. So, met with people from there and IDPH during that time on a weekly basis as well.

Jessie Knoles 1:05:04
And the roll out period was in the spring of 2021 or summer of 2021?

Anna Pinsoneault 1:05:09
So initially, yeah. In the spring of 2021, and up until probably end of July or mid-July of 2021, SHIELD was only going to be funded for schools that were tier one and two of the evidence-based funding, which was more that low income. Obviously looking at it, everything, looking at it from an equity lens. And then as there was many of them that were not signing up, then they pushed and there wasn't enough funding to cover all of the schools. But then we allowed tier three and tier four evidence-based funding schools to be part of -- they could always be part of the SHIELD program; they just have to pay. So then allowed them to be part of the SHIELD program under the grant funding for the ELC reopening schools.

Jessie Knoles 1:06:09
Okay, so no one right now is paying for SHIELD?

Anna Pinsoneault 1:06:12
No one right now is paying for SHIELD -- except for now colleges and universities are paying for SHIELD.

Jessie Knoles 1:06:21
Okay, thank you --

Anna Pinsoneault 1:06:24
But last year, there was no K through 12 -- there's still no K through 12 --that has to pay for SHIELD.

Jessie Knoles 1:06:29
Okay, thank you. I'm trying to think if there's anything else that I haven't covered before I start, winding down the interview. Are there any facets of your position that I might have missed?

Anna Pinsoneault 1:06:54
No, it's so hard to think of everything that we've done. I think the other things to keep in mind is -- SHIELD, we're constantly also looking at other grants and other ways to work with IDPH. I'm putting it in increase that relationship with them. So I did work on helping apply for additional RFPs, additional grant funding within SHIELD for new projects for SHIELD to take on. Also -- what else -- worked with the CDC, SHIELD, and the Illinois Department of Public Health, worked in conjunction together on a couple of -- specifically the one that we published with or waiting to get published with them on testing algorithms in early childhood education programs. SHIELD was their PCR test now that they used in terms of that. So worked, this was a CDC led study, that the Illinois Department of Public Health, the Chicago Department of Public Health, and the Lake County Department of Public Health and SHIELD were involved in testing. So, getting involved in projects like that, to work with the state on making sure that, they were making impacts in testing.

Jessie Knoles 1:08:30
Great. So, what do you think the future of SHIELD Illinois looks like?

Anna Pinsoneault 1:08:36
From my understanding, obviously, the contracts are all winding down t the end of this year, at the end of June. The K through 12 contract will be ending at the end of [inaudible]. I think, from a federal government perspective, from a state perspective, the accessibility of antigen testing has changed the landscape, the change of going into the endemic and really looking at, there's no more quarantine for exposure, when it comes through for COVID-19. So, it really is just stay home if you're sick, test if you're sick. But really, there's not that need, that whole -- the CDC, there's no need for the weekly screening, there's no need for any of that anymore. From a large operational perspective, that whole SHIELD testing program is done, I think there's still some viability for working on some research lab development within the state. But in terms of providing all that additional services SHIELD did outside of just the lab. There's really not that need for it anymore from a COVID perspective. It really comes down to -- and I don't know that they'll ever do it -- are how much are they going to bring healthcare diagnostics into a K through 12 environment going forward if something that would be would be needed

again. But yeah, I think it's run its course, and now just it is, what did we learn from it? How can this be put in place? How can this ramp up quicker in another pandemic, from an operational standpoint? And how does -- I've been involved with some stuff on how universities and public health departments stay in contact and work with each other in contact in context. So, if something does happen again, these relationships are already there, and don't need to be all completely reformed, reestablished.

Jessie Knoles 1:11:11
So, all contracts are ending in June, no more testing in schools?

Anna Pinsoneault 1:11:16
The school testing contract as of now, yes, the funding ends June 30th of 2023.

Jessie Knoles 1:11:23
Okay. Is that the same for community testing sites?

Anna Pinsoneault 1:11:27
Yeah. So that's all on the same contract. For funding in terms of that – that's all funding coming from the CDC federal grant for ELC reopening schools. They've said, you can use what fundings left, and then it's gone. It's going the same way as -- vaccines aren't going to be funded anymore by the federal government. Testing, it's not going to be PCR testing, it's not going to be funded by the federal government, it's all private funding now.

Jessie Knoles 1:12:00
Okay. And I asked you about the biggest challenges of your role. Would you say that those were still operationally the biggest challenges of SHIELD Illinois overall, like that understanding how to communicate and maintain communication?

Anna Pinsoneault 1:12:17
Yeah, I think different people will say different things. Obviously, putting the whole operation network in place was a big challenge and getting that up quickly. But making sure that everybody from within SHIELD to anyone that was affected by SHIELD or doing testing, understood and could explain to anyone [inaudible] what was needed and what needed to be done. I think that was -- I look back and yeah, probably some of the biggest challenges were supply chain issues, like how are you going to continue to test if you don't have tests? There's all these different things, but I do definitely think the biggest communication was just how communication is put out and how it supports what the state was putting out. But that, there was so much miscommunication out about COVID the entire time, and testing, and what the SHIELD test actually was, and all of that type of thing, that I think that was for my end, the biggest challenge and making sure that everyone within SHIELD gave consistent information on everything.

Jessie Knoles 1:13:34
What do you think were the biggest lessons learned of establishing this statewide testing operation, and especially lessons moving forward for any potential future pandemics that we might face?

Anna Pinsoneault 1:13:50
Yeah, again I think communication is key. I think every political helper [inaudible] that health became too politicized versus it being focused directly on what is the health risk? Not is what a political risk? So, I think the other thing is really just -- it goes back to that too, right? When you make too many changes consistently, and it's one thing and then it's something else and something else you lose that communication. So really getting a good grasp before making changes or doing things to make sure even though you want to rush it and get it done quickly, make sure there's still -- like if it takes that extra day or two -- make sure it's thought out, or dotting I's crossing the t's, make sure that is in play and then really the other thing is, having to take into play what inequities are out there that need to be addressed in different areas, and how to be able to shift to accommodate for those areas.

Jessie Knoles 1:15:20
Thank you. Okay, I have two more questions. Do you think that we will ever return to pre-pandemic operations? Or do you think that the pandemic has affected the nature of our work practices and how we facilitate our work now?

Anna Pinsoneault 1:15:44
No, I don't think we'll ever -- I don't know that we need to. I think there's been operational efficiencies in many workstreams that have come out of this. I remember being at a caller, I was talking to a health system and they were like, health systems were behind the times in technology. It would take us six months to make a decision to roll anything out. And they were like, now we're able to make decisions in two weeks. We should be able to make decisions like this. So, I think that is a change for the better. I think taking a look at the expansion of telehealth and expansion of telehealth into rural areas was a huge benefit that came out of the pandemic. I think it also brings up some challenges, and what making each person more personally accountable for community health and health in their community, and how the government plays a role in that has changed quite a bit too, which I think somewhat for the better. I think there's been some challenges, but again this remote working, it works for a lot of people, it doesn't work for a lot of people, but I think having that ability and people realizing I don't need someone that lives in my town to come work at my company provides a lot of additional employee resources, all of that type of thing. So no, I don't think it'll ever go back to the way it was. But I don't know that it should. Again, with all the social disruption and all that it brought out as well. Would that have happened with the pandemic or not? We just don't know. And so yeah, how does that all come into play?

Jessie Knoles 1:18:07
Thank you. Okay. And finally, this pandemic has been a roller coaster of different waves, variants and constantly changing guidelines. What do you think about the state's responses to the evolution of the pandemic?

Anna Pinsoneault 1:18:36
There's -- it goes back to and a lot of government policy versus health policy being utilized was difficult. I think some contracts between -- then local health departments having such varied opinions from the Illinois Department of Public Health. Was there -- did we manage the risk correctly? Or did we not, kind of situation? Was there the right people in place to be making those decisions, is another thing, right? Epidemiologists, a lot of epidemiologists go into that, because they never really want to talk to people or

do anything and just want to do a bunch of research. And now, no one knew what an epidemiologist was prior. So, there was so much, it's like anything with medicine. There's varying opinions on various things. There could have been, should have been, or could have been a little bit more consistency message throughout the state and then also throughout the nation and throughout -- politicians that is like I don't like this other politician, so I'm going to go against what they say versus what really is for the best of all, right?

Jessie Knoles 1:20:24
Yeah. And I think you were in a unique position too because you witnessed how the politicization of the pandemic affected schools and testing. So yeah, it all trickles down and affects local communities.

Anna Pinsoneault 1:20:41
Yeah. Being in Chicago is -- I live right down Chicago -- very different experience than a lot of other people had during the pandemic based on what kind of dwelling you live in, where you live, are you urban, are you rural? It had a completely different impact on everyone. My biggest thing is closing down the lakefront when it was tons of knowledge out there that being outside decreased your risk of being around people, but let's close down our biggest outdoor space by where I live, right? Made no sense, right, but was it wasn't my decision.

Jessie Knoles 1:21:36
Okay, I think that's all I have for you. If there's anything else you would like to add, feel free to do so. Otherwise, we will end it there. And I thank you for taking the time out of your week to meet with us.

Anna Pinsoneault 1:21:50
No problem. Thank you, guys. Alright, bye.