



# COVID-19 Emergency Response Strategy Update

**April 06, 2021**

**Barbie Robinson**

Director, Sonoma County Department of Health Services  
& Interim Executive Director,  
Community Development Commission

**Dr. Sundari Mase**

Sonoma County Health Officer



**sonoma county**  
DEPARTMENT OF HEALTH SERVICES

# I. Current COVID-19 Metrics Update



# Sonoma County's Current Blueprint Status (03/30)

Tier 2: **Red**

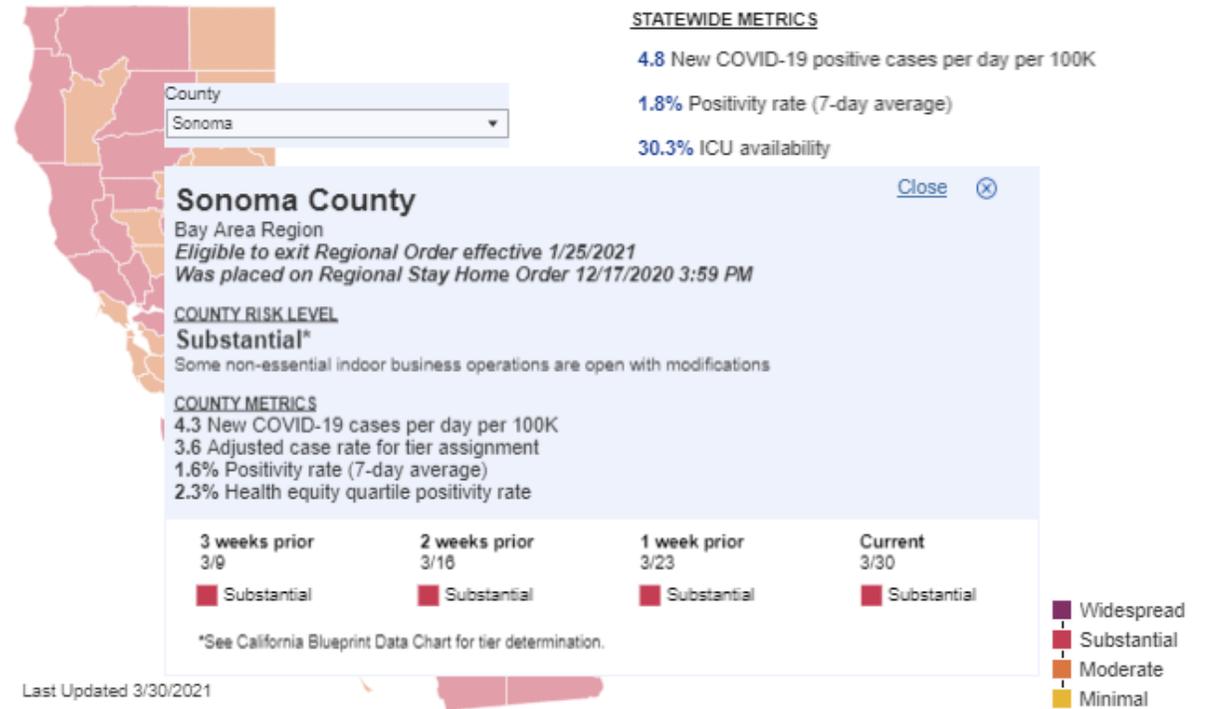
Unadjusted Case Rate: 4.3

Adjusted Case Rate: 3.6

Testing Positivity (Overall): 1.6%

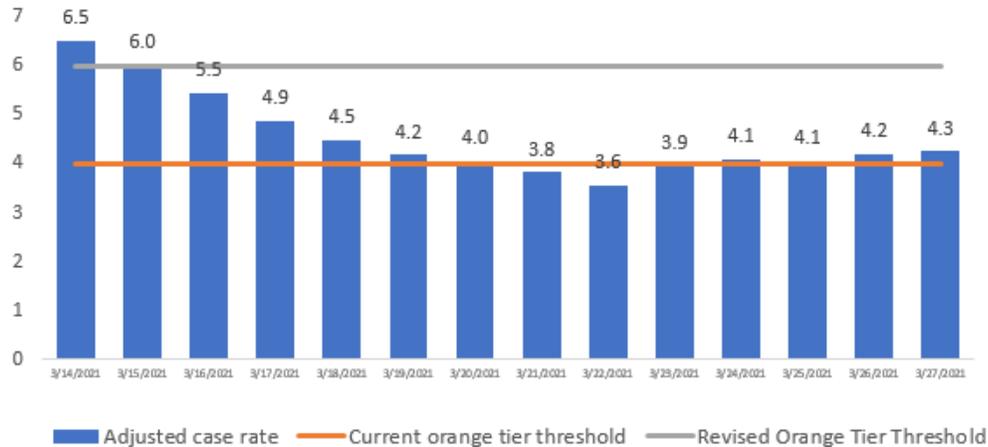
Testing Positivity (Lowest HPI

Quartile): 2.3%



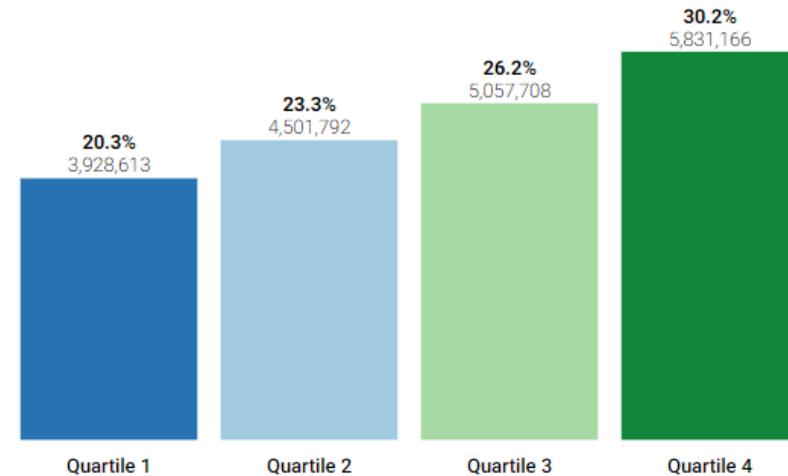
# Options for Transitioning to Orange Tier

**Option 1:** Meet Current Orange Tier Criteria for 2<sup>nd</sup> Consecutive Week on April 4<sup>th</sup> – **Unlikely**



- Adjusted case rate is trending above the current Orange tier threshold of < 4
- Testing volume per 100,000 is at State median (no downward case rate adjustment occurring)

**Option 2:** Meet REVISED Orange Tier criteria once State reaches 4 million doses in lowest HPI quartile— **Likely**



- State will revise adjusted case rate threshold for the Orange Tier to <6 when reach 4 million doses in Q1
- Eligible to move to Orange tier two days after this new threshold is established

# Testing and Positivity

Total tests per day, 7 day average

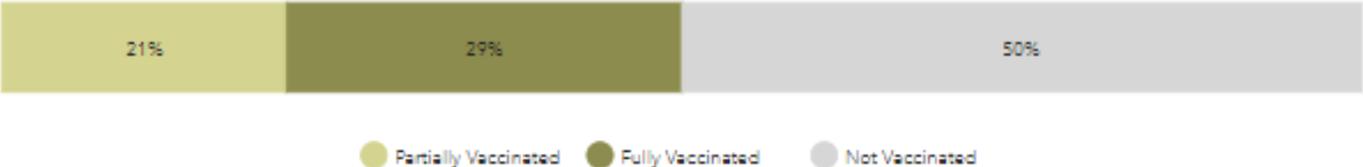


- Testing volume of 341 per 100,000 people (04/05)
- Test positivity has declined across all age groups, but particularly among those 65+

# Vaccine Administration

**313,102 doses administered (as of 04/05)**

Percent Population 16+ Vaccinated

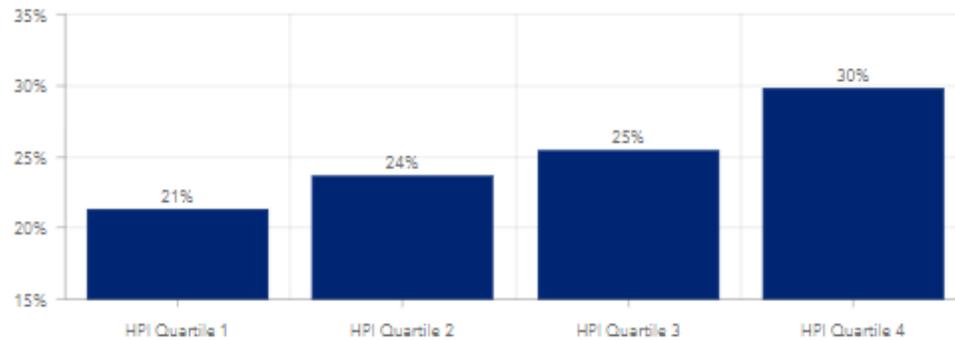


**Residents partially vaccinated:  
84,871**  
**Residents fully vaccinated:  
117,600**

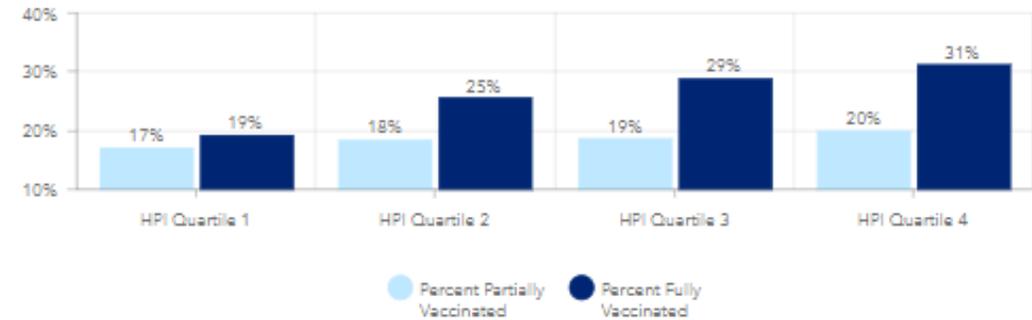
**50% of the Sonoma County population aged 16+ is at least partially vaccinated**

# Equity of Vaccine Distribution

Percent of Total Doses Administered by HPI Quartile



Percent of Population (Age 16+) Partially and Fully Vaccinated by HPI Quartile

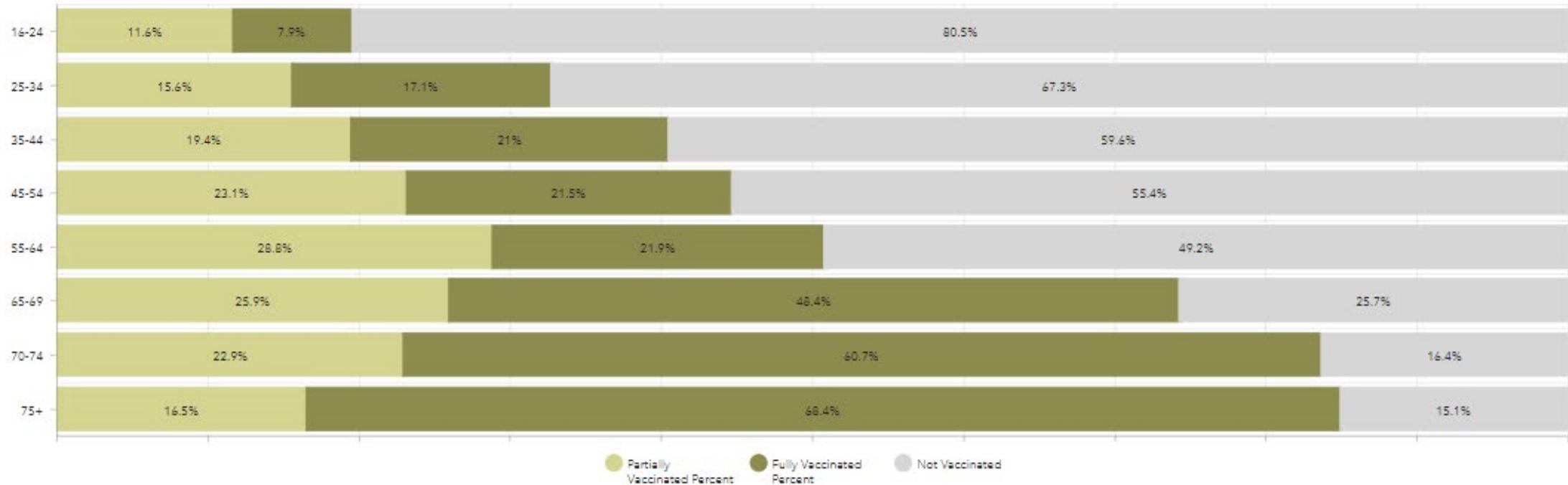


- 21% of doses have been administered in lowest quartile of the Healthy Places Index (neighborhoods with access to fewest socioeconomic and other resources related to health)
- 36% of residents in the lowest quartile are at least partially vaccinated

# Race/Ethnicity of Residents Vaccinated

Race/ethnicity	Individuals with 1 <sup>st</sup> dose	Individuals fully vaccinated with two doses	Proportion of vaccine recipients	Percent population
Hispanic/Latino	12,074	16,130	20%	27.3%
White, non-Hispanic	28,490	57,417	61%	62.9%
Asian, non-Hispanic	1,696	2,550	3%	4.3%
Black/African-American, non-Hispanic	592	810	1%	1.6%
Multi-racial, non-Hispanic	4,816	15,680	14%	2.9%
American Indian/Alaskan Native, non-Hispanic	547	428	1%	0.7%
Native Hawaiian and other Pacific Islander, non-Hispanic	180	237	0%	0.3%
Other, non-Hispanic	6,592	10,271	--	--
Unknown	29,641	14,077	--	--

# Proportion of Each Age Group Vaccinated



- 85% of 75+ year olds are at least partially vaccinated
  - Testing positivity is currently < 1% in this age group
  - No new COVID-19 cases among SNF/RCFE residents since March 5<sup>th</sup>
  - No SNF/RCFE resident deaths since February 16th

## II. COVID-19 Vaccine Effort Update



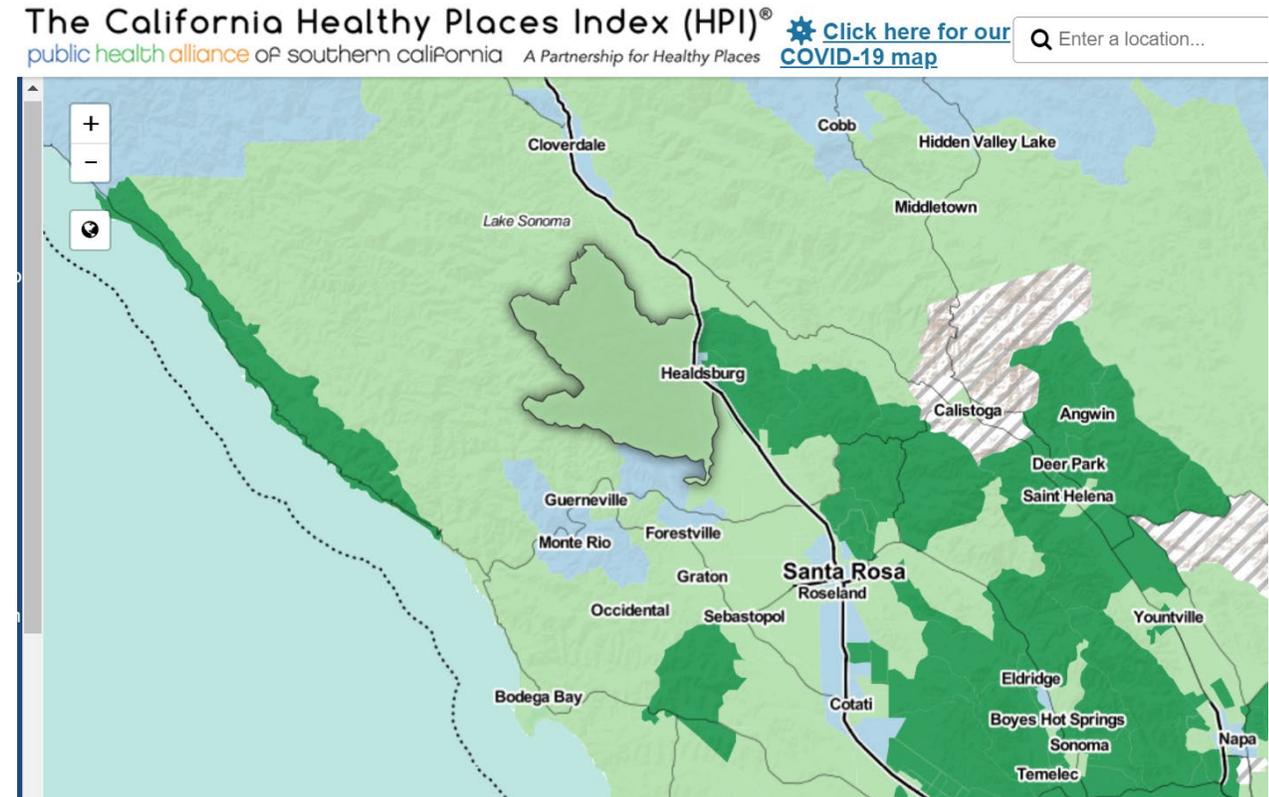
# Priority - Health Equity

## Effective Immediately (In Addition to Earlier Priorities)

- Providers serving lowest 2 quartiles of HPI can immediately vaccinate all patients and family members
  - <https://map.healthyplacesindex.org/>
  - Target locations are in light blue
- Clinic volunteers are eligible for vaccination if they complete at least one clinic shift and are approved by the clinic's organizer.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/VaccineAllocationGuidelines.aspx>

<https://covid19.ca.gov/vaccines/#Vaccinating-those-at-higher-risk>



# Priority - Health Equity

**Starting April 1, 2021:**  
(In Addition to Earlier Priorities)

- Individuals aged 50+

**Starting April 15, 2021:**

- Every Californian age 16+

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/VaccineAllocationGuidelines.aspx>

<https://covid19.ca.gov/vaccines/#Vaccinating-those-at-higher-risk>

## When you can get vaccinated

California is allocating COVID-19 vaccines as they become available to ensure equitable distribution. Vaccinations are prioritized according to risk and age.

<b>Healthcare workers and long-term care residents (Phase 1A)</b>	<b>Now vaccinating</b>
<b>People with a high chance of exposure and those 65 or older (Phase 1B)</b>	<b>Now vaccinating</b>
Sector populations with high chance of exposure:	
<ul style="list-style-type: none"><li>• Agriculture and food</li><li>• Education and childcare</li><li>• Emergency services</li></ul>	
<b>Individuals age 16 or older at higher risk</b>	<b>Now vaccinating</b>
People with <u>certain significant high-risk</u> :	
<ul style="list-style-type: none"><li>• Medical conditions</li><li>• Disabilities</li><li>• Illnesses</li><li>• Living spaces</li><li>• Work environments</li></ul>	
<b>Individuals 50 or older</b>	<b>Now vaccinating</b>
<b>Every Californian 16 or older</b>	<b>Starts April 15, 2021</b>
Vaccination of people younger than 16 will start as soon as the COVID-19 vaccines are approved for them	

See CDPH's [Updated COVID-19 Vaccine Eligibility Guidelines](#) for details.

# MyTurn Recent Updates

- Language Updates:
  - Website now available in 12 languages
  - Phone line scripts in multiple languages
  - Spanish version of Virtual Agent added
- Ability to limit appointments to Sonoma County residents.
- Private clinic codes can now be sent to mobile devices
- Report added to identify patients that are high-risk
- Satisfaction Survey added



# Third Party Administrator - Blue Shield

- Working with County to ensure accurate and equitable vaccine distribution.
- Supporting the providers as they transition to MyTurn.
- Supporting “Coded Clinic” by OptumServe.
- Allocating \$400,000 in funding to support distribution of vaccine to most underserved communities.

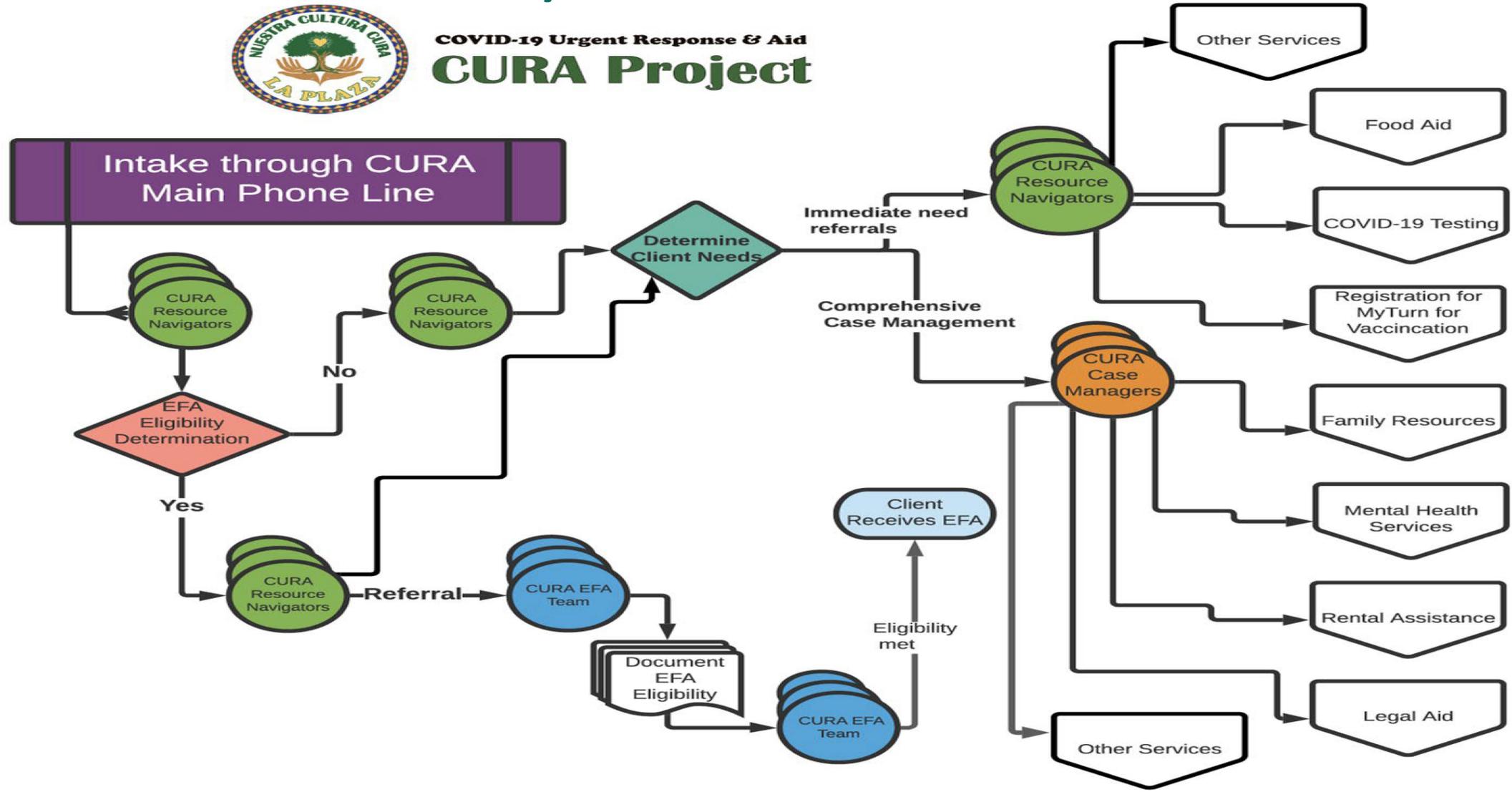
# III. Health Equity Update – On The Move COVID-19 Urgent Response and Aid (CURA) Project



# How CURA Currently Works



COVID-19 Urgent Response & Aid  
**CURA Project**



# Program Impact

**“Por que nos ayudaron a comer y estar bien.”  
They helped us eat and be O.K.**

**“Por que me ayudaron con un cheque por que la compañía donde estaba trabajando no me pago.”  
Because they helped me with a check because the company I was with didn't pay me.**

**“Saber que alguien se preocupa por nosotros, estamos solos en este país y fue algo hermoso saber que tenemos ayudas y no estamos solos. Muchas gracias con todo nuestro corazón.”**

**“To know that someone worries about us, we are alone in this country and it was something beautiful to know that we have help and we are not alone. Thank you very much with all of our hearts. “**

**“Si, por que el lenguaje era fundamental para mi por que he tenido muy malas experiencias y el hecho que respetaron mi lengua fue importante.”**

**Yes, because language was fundamental for me because I have had bad experiences and the fact that they respected my language was important.**

# Successes and Areas of Need

- **Emergency Financial Assistance: \$5,336,300 provided to 3,139 individuals**
- *Continuous need for Emergency Financial Assistance: 462+ (just alone from CURAs current list, which only includes COVID+ cases)*
- **Number of individuals provided with meals: 834**
- *The ongoing need to ensure that food security is recognized as part the process.*
- **Community Education & Outreach (Charlas, door to door neighborhood outreach, presence at pop up at Testing Sites and Vaccine Clinics): 5,526 contacts**
- Continuous need to support CURA as the center for education, and community outreach especially as we move forward towards creating pathways to ensure to people have access to vaccines.



# Quick Stats:

<b>Region</b>	<b>Count of Clients by Region</b>	<b>Emergency Financial Assistance Distributed</b>	<b>% of Clients by Region</b>
<b>North County</b>	<b>371</b>	<b>\$630,700</b>	<b>11.82%</b>
<b>Santa Rosa</b>	<b>1695</b>	<b>\$2,881,500</b>	<b>54.00%</b>
<b>Sonoma</b>	<b>376</b>	<b>\$639,200</b>	<b>11.98%</b>
<b>South County</b>	<b>579</b>	<b>\$984,300</b>	<b>18.45%</b>
<b>West County</b>	<b>118</b>	<b>\$200,600</b>	<b>3.76%</b>
	<b>3139</b>	<b>\$5,336,300</b>	<b>100.00%</b>

# Lessons Learned



**COVID-19 Urgent Response & Aid**  
**CURA Project**

- Indigenous Communities
- Robust EFA program is critical during a crisis
- Strengthen non-funded NGO network and coordination
- Critical nature of ongoing communications between county and NGOs partners
- Cultural responsiveness continues to be a critical component of emergency response.

# IV. Other Updates and Staffing Request



# Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Expansion Grant Update

- Application was submitted to California Department of Public Health (CDPH) in the amount of \$17,813,262 on March 31, 2021.
- Funding for these activities is covered for the period of January 15, 2021 to July 31, 2023.
- 64 COVID-19 Section positions are funded under this grant, the majority through 12/31/2021.
- 25% of the funding was already received by Sonoma County as part of an advance from the state.
- The procurement process for ClearLabs Dx Platform was initiated. This will increase the Public Health Lab's capabilities to detect COVID-19 variants

# Staffing Request



- The County Administrator is requesting to extend the term of 2.0 full-time equivalent time-limited positions through December 31, 2021.
  - They will continue to provide strategic communications and outreach support to the COVID-19 Emergency Response and vaccine mission.
- DHS is requesting the conversion of a time-limited Healthy Communities Section Manager assigned to the COVID-19 Section response be converted to a permanent position with oversight of Public Health Preparedness.
- DHS is also requesting to continue to fund three COVID-19 Section time-limited positions through June 30, 2022 which includes the following:
  - Director of Public Health Nursing
  - Administrative Services Officer I
  - Department Program Manager (Equity Program Manager).
- Extension of staff resources will be financed with \$17.8 million Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Expansion grant.