



Sonoma County COVID-19 Update and Proposal for Enhanced Strategies

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sonoma county
DEPARTMENT OF HEALTH SERVICES

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Overview

- How is Sonoma County Doing?
 - Where we stand on State measures for reopening
- Health Equity and Enhanced COVID-19 Response Strategies
 - Expand Intensive and Data Driven Testing
 - Enhance Outreach to the Latinx Community
 - Incentive Program/Financial Assistance
 - Partnership with Business Community
 - Isolation/Quarantine Support
 - Communication, Promotion, and Campaign
 - Fiscal Impacts of Proposed Strategies

How does the State Decide When it is Safe for a County to Begin to Reopen?

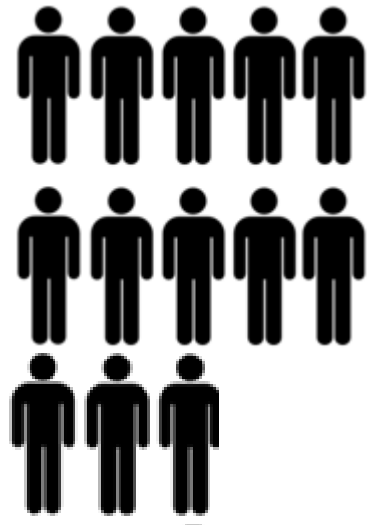
- **Three questions:**
 - 1. How many new people are infected by COVID-19 each day?**
 - Measure: New Cases per Day per 100,000 population
 - 2. What percentage of tests are positive for COVID-19?**
 - Measure: Testing Positivity
 - 3. Is COVID-19 harming some parts of the community more than others?**
 - Measure: Health Equity

State Tiers

- **Tier 1: Widespread Transmission of COVID-19**
 - many non-essential business operations are closed.
- **Tier 2: Substantial Transmission of COVID-19**
 - some non-essential business operations are closed.
- **Tier 3: Moderate Transmission of COVID-19**
 - some indoor business operations are open with modifications.
- **Tier 4: Minimal Transmission of COVID-19**
 - most indoor business operations are open with modifications.

How many new people are infected by COVID-19 each day?

13 in 100,000 Sonoma County residents are infected each day



Where do we need to be?



We need **7** or fewer new cases per 100,000 residents per day to move to **red**



What percentage of tests are positive for COVID-19?



Where we are:

5.1% of COVID-19 tests in Sonoma County are positive

What this means:

We meet State criteria to move into **red** in terms of test positivity



Is COVID-19 harming some parts of the community more than others?

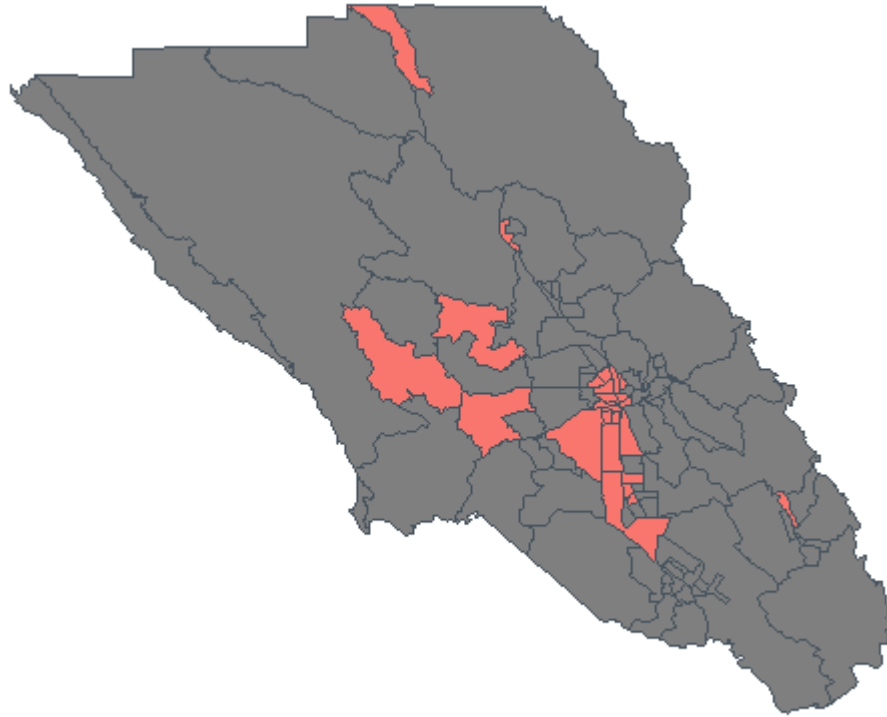
- COVID-19 has impacted some communities more than others
- These include our Latinx, low income, and essential worker communities
- Counties must address COVID-19 in **all** communities to open further, including making sure the positivity rate in certain neighborhoods does not significantly lag behind overall county positivity rates

Healthy Places Index

- Healthy Places Index (HPI)
 - measures factors that predict life expectancy (ex: income, housing, etc)
 - Each census tract is assigned a HPI score, with higher scores indicating greater access to resources
- To move tiers, testing positivity among the neighborhoods that fall in the bottom 25% of the HPI must meet the criteria of the new tier to which the county hopes to advance



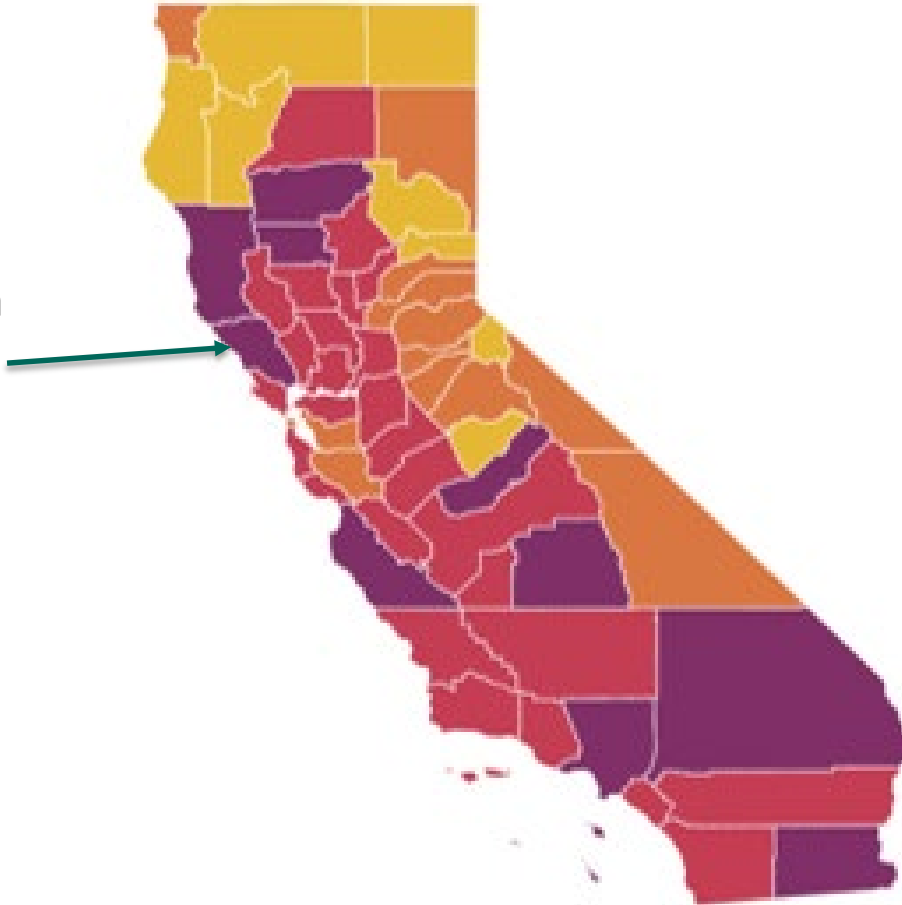
Lowest 25% Healthy Places Index Census Tracts



Testing positivity among Sonoma County's residents who have access to the fewest socioeconomic resources: **7.5% (red tier)**

Why is Sonoma County Still Purple?

Why are we in purple while other Bay Area counties are in red?



Reasons Include....

- **We are following the same trend as other counties, but are about 4 weeks behind**
 - We were successful in holding off COVID-19 early on
- **Gatherings with non-household members**
 - Public adherence to health guidance (social distancing, masking, and hygiene) is critical. Every resident has a role to play in slowing the spread of COVID-19
- **Outbreaks in multiple sectors**
 - Health Care, Long term Care facilities, Agriculture, Workplaces
- **Household transmission**
- **Tourism**
- **Socioeconomic inequities**
 - Longstanding inequities place our most vulnerable residents' health at risk. Residents with fewer resources face barriers to protecting their health and that of others

How do Socioeconomic Inequities Impact Health?

- Challenging to shelter-in-place, isolate, or quarantine when...
 - Essential worker living on limited income and cannot afford to miss work
 - Lack sick leave/benefits or job security to take time off when self or family member is sick
 - Live in congregate or shared space due to lack of affordable housing
 - Share transportation
 - Lack health care access
 - Have limited child care options
 - Wary of contact tracing and other County government services such as Alternate Care Site (ACS)

Addressing Inequity as a Primary Driver of Cases

- Robust, multi-pronged strategy to reduce the prevalence of COVID-19 that includes:
 - Expanding Intensive and Data Driven Testing
 - Enhancing Outreach to the Latinx Community
 - Providing an Incentive Program/Financial Assistance
 - Partnering with the Business Community
 - Providing Isolation/Quarantine Support
 - Communication, Promotion, and Campaign
- Grounded in data and aligned with the recommended actions described in **CDPH's COVID-19 Health Equity Playbook for Communities**

Strategy 1: Expand Testing Opportunities

CDPH Health Equity Playbook: Testing Strategies A & B—Community and Mobile Testing

Rationale: *Increasing case finding in the most impacted areas will decrease community spread and reduce the disproportional impact of COVID-19 on the county's most socioeconomically vulnerable residents*

- Increase testing in impacted neighborhoods
 - Beginning Oct. 19, County has doubled testing opportunities with additional pop-up sites in Andy's Unity Park, Healdsburg Day Labor Center, Roseland Library, Rohnert Park Library, etc.
 - Neighborhoods targeted are in lowest 25 percent of Healthy Places Index census tracts

Strategy 1: Expand Testing Opportunities

- Expansion of pop-up testing
 - Up to 12 testing opportunities are now offered each week
 - County goal is to do 400 tests per day while maintaining 24/48-hour turn-around time at Public Health Lab
 - Focus is on most highly impacted areas in Santa Rosa, Healdsburg, and Rohnert Park
 - New areas will be added as the program expands and as data changes



Strategy 1: Expand Testing Opportunities

- **Implementation Timeline**
 - **Phase 1 Testing / October 19 – November 1**
 - Goal: 300 tests per day in Healthy Places Index (HPI) focus neighborhoods
 - Utilize existing staffing and begin to recruit for Phases 2 and 3
 - **Phase 2 Testing / November 2 – November 15**
 - Goal: 350 tests per day in HPI focus neighborhoods
 - Expand capacity through extra help staffing--three (3) nurses (bilingual/bicultural preferred) and three (3) CHWs (bilingual/bicultural required) (4-6 weeks anticipated for hiring)
 - Introduce capacity to make online appointments for testing events
 - **Phase 3 Testing / November 16 – June 30, 2021**
 - Goals: 400-500 tests in HPI focus neighborhoods including testing by Health Care Partners
 - Participating Health Care Partners will hold weekly testing events – goal is 100 tests per event

Strategy 2: Enhance Outreach to Latinx Community

CDPH Health Equity Playbook: Language Access and Cultural Competency Strategy B - Leverage community-based organizations' expertise in language and culture

Rationale: *Health outreach and support should be culturally and linguistically sensitive and will be most effective when designed and delivered by community organizations that are already trusted institutions in the neighborhoods they serve.*

- Health Services has contracted with On The Move to implement large-scale outreach and education campaign to the Latinx and indigenous communities.
- The project, known as the *COVID-19 Urgent Response and Aid (CURA) Project*, will support multiple avenues of outreach and support

What is the CURA Project?



- Steered by On the Move's *La Plaza: Nuestra Cultura Cura*
- Unique partnership between multiple family resource centers and agencies embedded within their local communities.
- Services include:
 - COVID-19 health information outreach to farmworkers, local laborers, and other Latinx and indigenous language-speaking communities
 - Access to necessary personal protective equipment for farmworkers and other high-risk workers
 - Connecting individuals to medical supportive services
 - Support outreach around neighborhood testing events
 - Support in providing emergency financial assistance

Strategy 2: Enhance Outreach to Latinx Community

- Financial support and incentives:
 - CURA will provide wrap-around support and emergency financial assistance for those with the greatest financial need
- Outreach about expanded testing:
 - The testing team will coordinate with the CURA Project to ensure that appropriate outreach is conducted near neighborhood testing locations and is timed so outreach is happening within a day or two prior to testing.
 - The county PIO team is disseminating information about expanded testing opportunities on SoCo Emergency website, social media, print media, digital media, radio/TV, and other communications platforms.

Strategy 3: Provide Incentive Program, Financial Assistance

CDPH Health Equity Playbook: Isolation Support—Strategy B: Provide access to necessary services and financial and material resources to help individuals adhere to isolation/quarantine recommendations.
Economic Security—Strategy B: Direct Financial Compensation for Lost Wages / Cash Assistance

Rationale: *Financial incentives and support will increase case finding and help low-income individuals afford to isolate when they are COVID-19 positive, slowing the spread of the virus.*

- Testing incentives in targeted neighborhoods:
 - Offering \$30 gift cards to encourage testing and help offset the potential costs to individuals taking time to take the test (transportation, missed work, etc.)
- Lost wage replacement to facilitate isolation:
 - Offering \$1,216 stipend for 14-day isolation

Testing Incentives

- Gift cards will be offered only at testing sites in target census tracts
- For individuals in the most disadvantaged neighborhoods, as defined as being in the lowest 25 percent of the Healthy Places Index census tracts.
- Cards will be limited to one per month
- DHS is predicting a 50% to 75% increase in testing demand in target groups based on data from counties with similar incentives.

Lost Wage Replacement

- Compensation:
 - \$1,216 per isolation/quarantine per adult (one time payment)
- Rationale:
 - Equals highest minimum wage in 2021 across Sonoma County cities: \$15.20/hour (rate in Santa Rosa starting Jan. 1, 2021)
 - For those working 40 hours a week
 - Maximum time out of work: 80 hours/14 days



Lost Wage Replacement Target Population

- Wage replacement will be offered to residents living in lowest 25 percent of Healthy Places Index census tracts and others who do not have access to financial coverage during isolation. Funding will be provided in two tiers:
- First tier:
 - For confirmed adult COVID-19 cases who lack access to paid leave or other compensation or whose household income is below the poverty line, including laborers, independent contractors, people who are paid under the table and undocumented workers
 - Confirmed unhoused COVID-19 cases
- Second tier (if funding allows):
 - Adult contacts of confirmed cases who are required to quarantine for 14 days and meet eligibility requirements

Strategy 4: Foster Partnerships with Business Community

CDPH Health Equity Playbook: Worker Protections—Strategy B: Enforcement of physical health protections for front-line and non-medical essential workers

Rationale: *Protect the safety and wellbeing of workers who are continuing to provide essential services throughout the pandemic, or those who work in occupations that cannot be done via telework.*

- DHS will work with the Economic Development Board and key business industries to enhance worker education on appropriate infection prevention and control practices and share information on testing and incentive programs available
- Businesses are encouraged to partner, lead and invest in enhanced COVID-19 mitigation strategies to help the County progress toward reopening the economy safely

Strategy 4: Foster Partnerships with Business Community

- Partner with the Economic Development Board (EDB) and local businesses with a strategic focus on highly impacted industries such as wineries, dairies, farms, food production, child care, and tourism organizations to:
 - Enhance worker education on appropriate infection prevention and control practices
 - Promote information on expanded testing opportunities and incentive programs



Strategy 4: Foster Partnerships with Business Community

- Areas for Public/Private partnerships to help fund or support COVID-19 strategies:
 - Support for increased testing
 - Offering on-site testing at places of employment
 - Support for financial incentives for testing, isolating
 - Increased bilingual outreach
 - Identifying hotels for isolation for vouchers, etc.
 - Modeling best practices in encouraging testing, supporting employees who test positive and ensuring safety protocols are followed for workers and customers



Strategy 5: Provide Isolation/Quarantine Support

CDPH Health Equity Playbook: Isolation Support--Strategy C: Provide alternate housing for isolation and quarantine for those who are unhoused or who cannot safely isolate/quarantine at home

Rationale: *The ability to effectively isolate is a critical component of limiting the spread of COVID-19.*

- Secure additional hotel space for isolation closer to the targeted census tracts with input from Latinx community leaders
- Provide a gift card incentive to individuals who isolate at the ACS or these additional locations
- Provide mobile medical services and provide additional wrap-around services such as medication delivery, meal/grocery, and laundry services as needed

Strategy 5: Provide Isolation/Quarantine Support

- Based on stakeholder feedback that the Alternate Care Site location is a barrier to utilization:
 - Secure 35 additional hotel rooms closer to target census tracts
 - Consult with Latinx Health Workgroup to enhance the cultural appropriateness of ACS space and these new locations
 - Provide mobile medical care and wrap around medication delivery, food/meals, and laundry service as needed



Strategy 6: Create Communications/Education Campaign

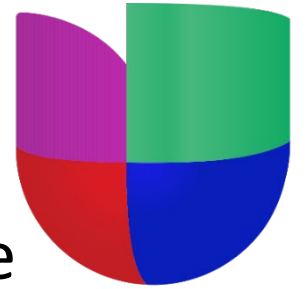
CDPH Health Equity Playbook: Communications-Strategy A: Strategy A - Create a Targeted Communication Plan

Rationale: *Enhanced and targeted communications can help to increase participation in testing, understanding of health guidance, and utilization of supports to isolate/quarantine.*

- County Strategic Communications team is proposing a Health Equity Education and Outreach campaign using multiple platforms including radio, print and television ads in Spanish and English in addition to supermarket videos, social media messaging and geo-targeted digital advertising.
- Continued partnership with Health Services' Latinx Health Work Group to develop outreach programs that support CURA project, etc.

Strategy 6: Communications and Education Campaign

- New COVID-19 marketing campaign will focus on promoting:
 - Expanded opportunities for testing and incentives available to encourage testing
 - Financial support available for low-income COVID-19-positive individuals
 - Avoiding large gatherings this holiday season
 - Universal theme: “Mask Up, Back up and Wash Up. Don’t Let Up!”
- DHS and Comms teams will work to promote other outreach via culturally appropriate outlets to better target Latinx and communities most impacted.



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Fiscal Impacts

1	Strategy	Description	CARES Act & Other Funds (10/19-12/30/20)	Unidentified Funding	Total Cost
1	Strategy 1	Expand Intensive and Data Driven Testing: Hire six extra help staff to expand testing	\$99,567	\$301,018	\$400,585
2	Strategy 1	Expand Intensive and Data Driven Testing: Contract Health Care Partners to expand testing	\$51,763	\$127,055	\$178,819
3	Strategy 2	Enhanced Outreach to Latinx Community: Contract with CURA to expand outreach to Latinx community	\$274, 563	\$1,647,378	\$1,921,941
4	Strategy 3	Incentive Program/Financial Assistance: Testing gift cards and prevention kits	\$635,940*	\$1,652,400	\$2,288,340
5	Strategy 3	Incentive Program/Financial Assistance: Lost wage replacement to isolate	\$2,083,738	\$5,626,092	\$7,709,829
6	Strategy 5	Isolation/Quarantine Support: Gift card incentives to isolate at ACS or other hotel	\$30,000*	\$81,000	\$111,000
7	Strategy 5	Isolation/Quarantine Support: Hotel space for individuals who cannot isolate at home	\$766,768	\$2,352,288	\$3,119,056
8	Strategy 6	Communication, Promotion and Campaign: Enhance communication strategies	\$58,235**	\$139,765	\$198,000
Total:			\$4,000,574	\$11,926,995	\$15,927,570

*Board Contingencies funding of \$666K is proposed to fund the incentive cards for individuals who are participating in the testing and isolation programs.

**The proposed budget is \$231,682 with the CARES Act funding available for this item being only \$58,235. Will need to request \$173,447 in BOS funding in early November, 2020 if funding is not identified on October 20th

Proposed Funding Strategy

- Health Services is proposing to redirect \$3.3 million of CARES Act funding from the COVID-19 Response Plan to the Enhanced COVID-19 Strategies that will be utilized during the Oct. 20 through Dec. 30, 2020. Board Contingencies funding of \$666K is proposed to fund the incentive cards for individuals who are participating in the testing and isolation programs.
- The Department is able to redirect funds due to savings in the following categories:
 - Testing
 - Staff Hiring for the COVID-19 Section
 - Non-congregate Site located at the Fairgrounds

Proposed Funding Strategy

- The Department will come back to the Board of Supervisors at a later date to request funding of \$11.9 million to fund the Enhanced COVID-19 Strategies from Dec. 31, 2020 through June 30, 2021

Questions

Appendix: Additional Data

Four Tiers

	Higher Risk → Lower Risk of Community Disease Transmission			
	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Measures*				
New cases ^{***} /100,000 population per day (<u>7 day</u> average; 7 day lag)	>7	4-7	1-3.9	<1
Testing % Positivity (<u>7 day</u> average; 7 day lag)	> 8%	5-8%	2-4.9%	<2%

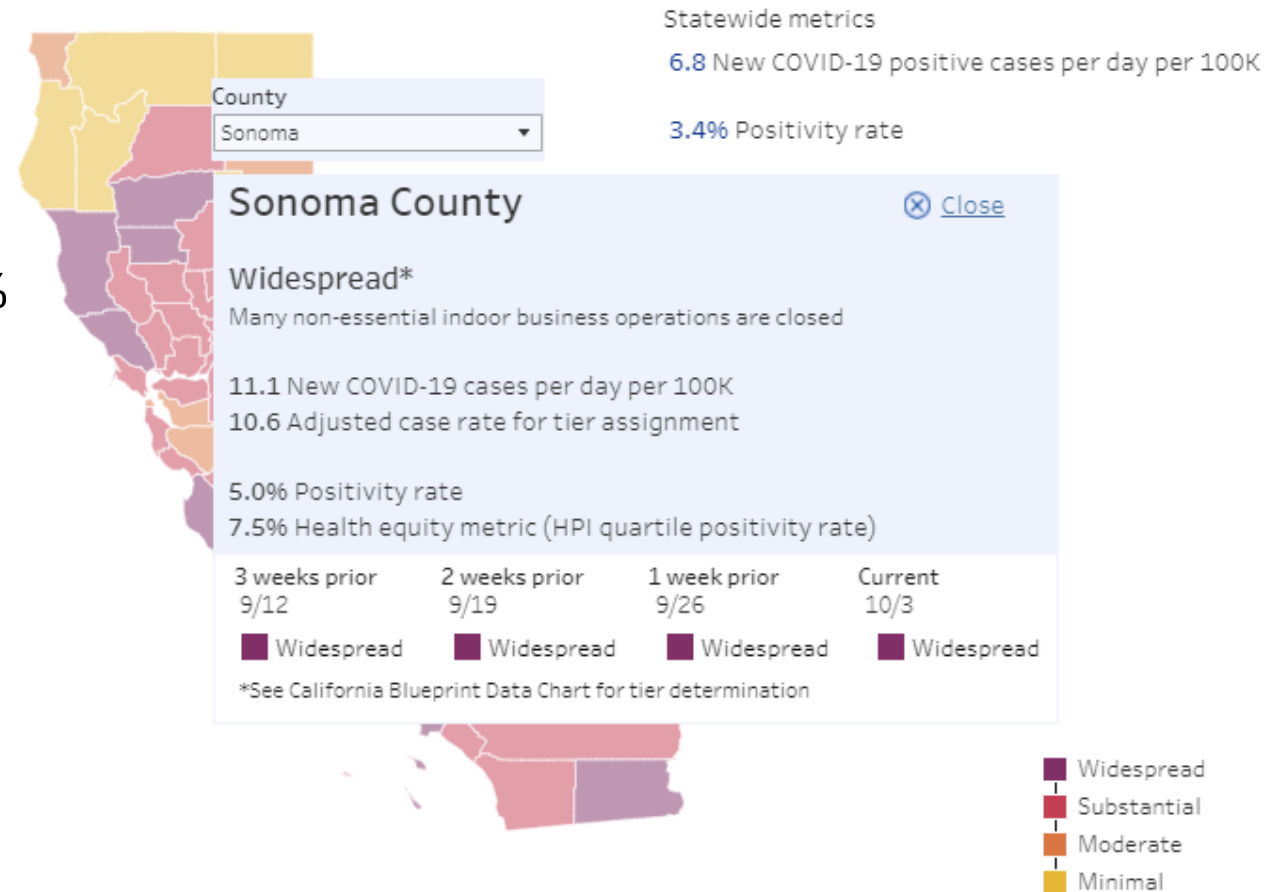
Sonoma County's Current Status (State Data)

Tier 1: **Purple**

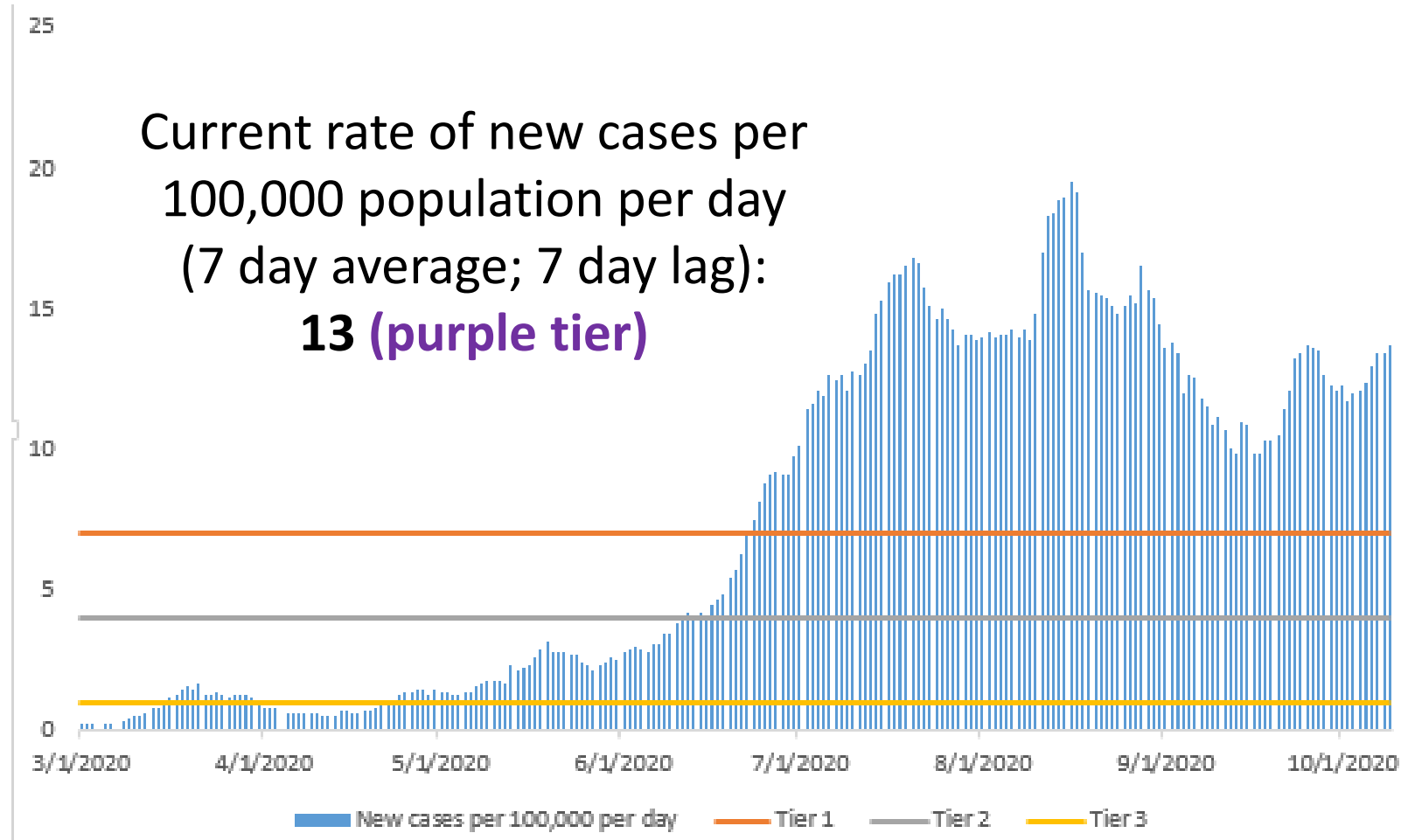
Adjusted Case Rate: 10.6

Testing Positivity (Overall): 5%

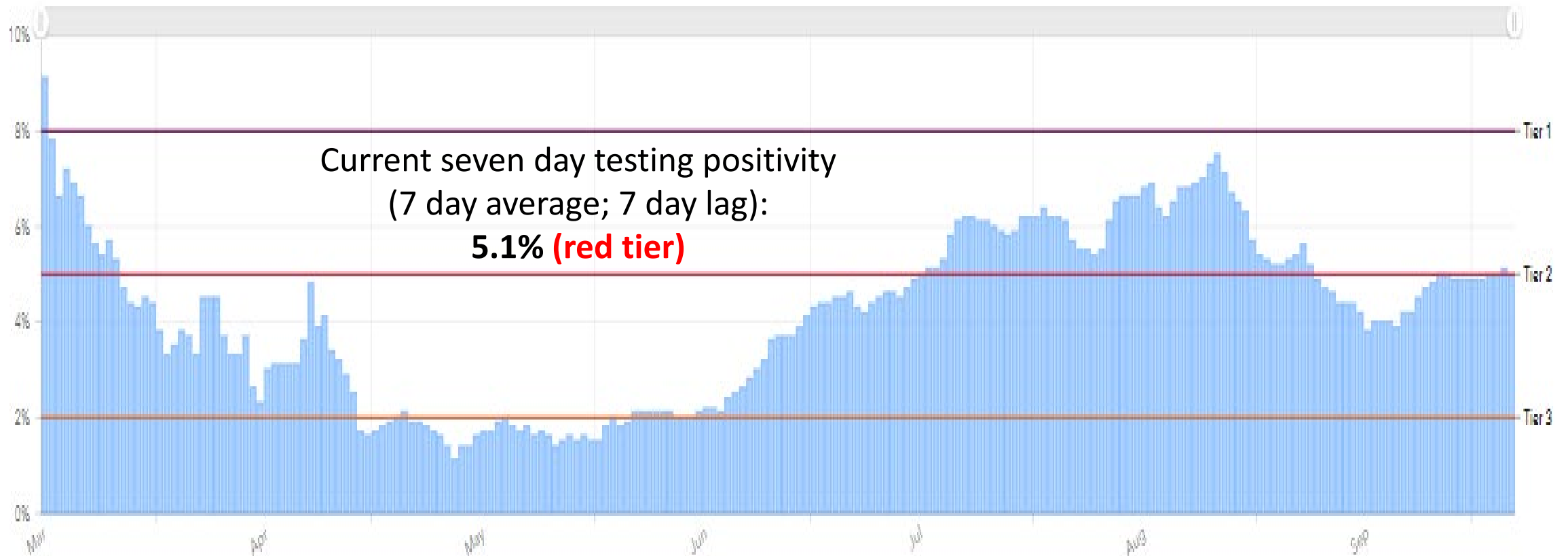
Testing Positivity (Lowest HPI Quartile): 7.5%



New Cases per 100,000 Population per Day



Testing Positivity



Testing Volume

- Average tests per 100,000 population per day: 295.1

