



COVID-19 Emergency Response Strategy Update

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sonoma county
DEPARTMENT OF HEALTH SERVICES

Sonoma County's Current Status (State Data)

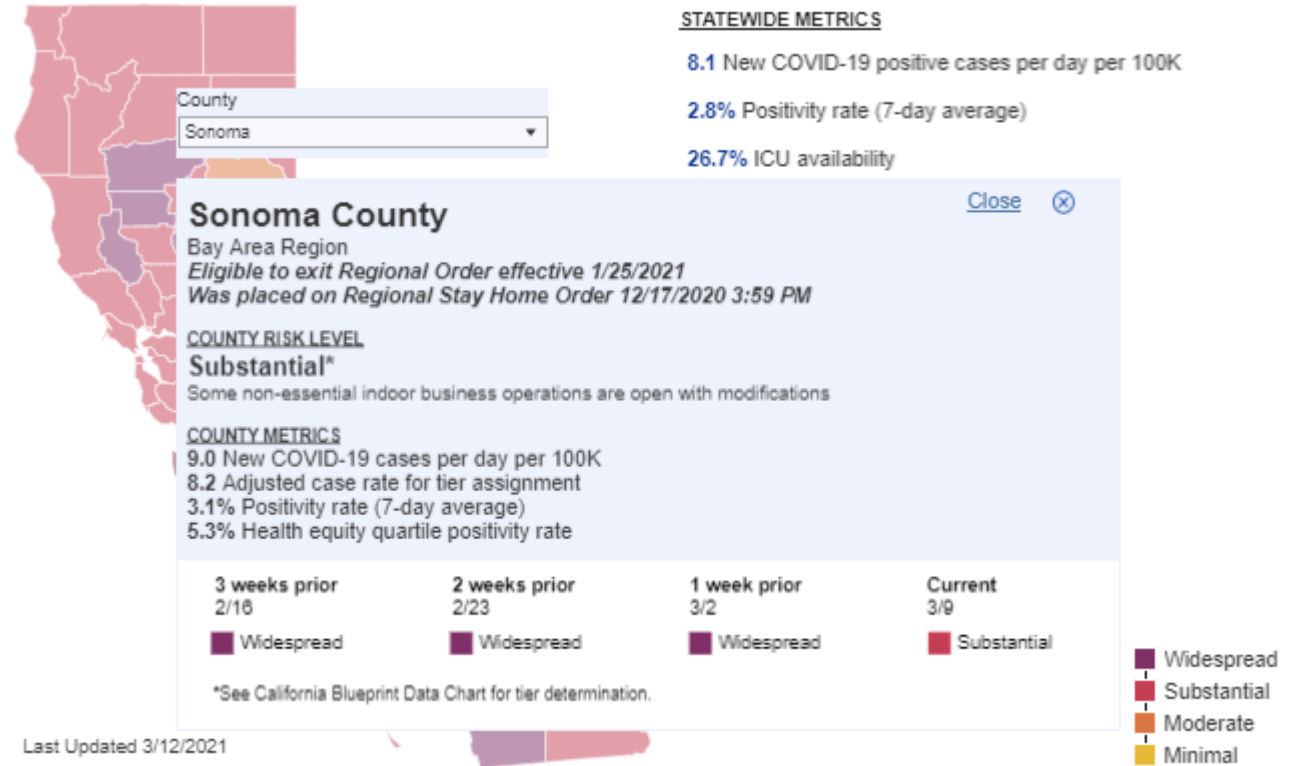
Tier 2: **Red**

Unadjusted Case Rate: 9

Adjusted Case Rate: 8.2

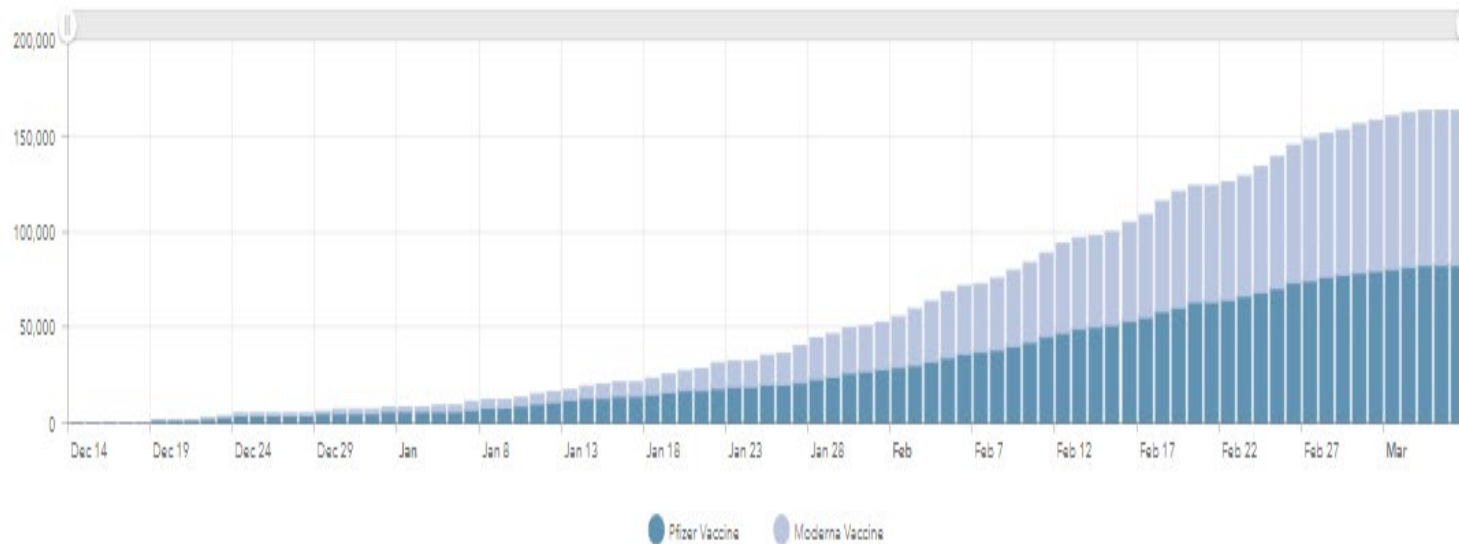
Testing Positivity (Overall): 3.1%

Testing Positivity (Lowest HPI
Quartile): 5.3%



Vaccine Administration

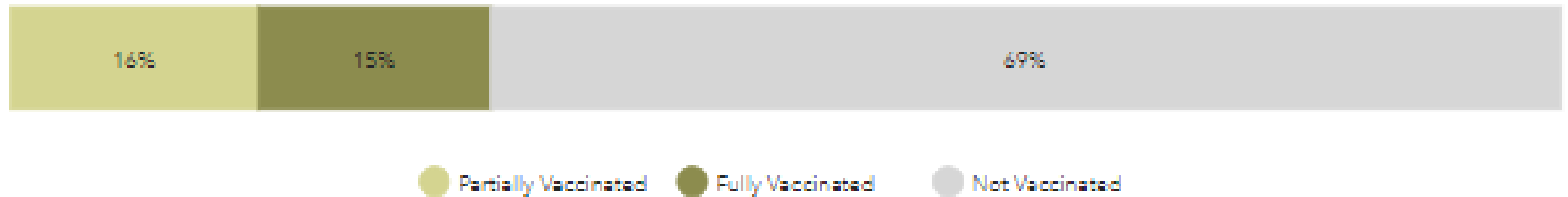
185,804 (as of 03/14)



**Residents with first dose:
66,662**

**Residents fully
vaccinated with two
doses:
59,571**

Proportion of Sonoma County Population (Aged 16+) Vaccinated

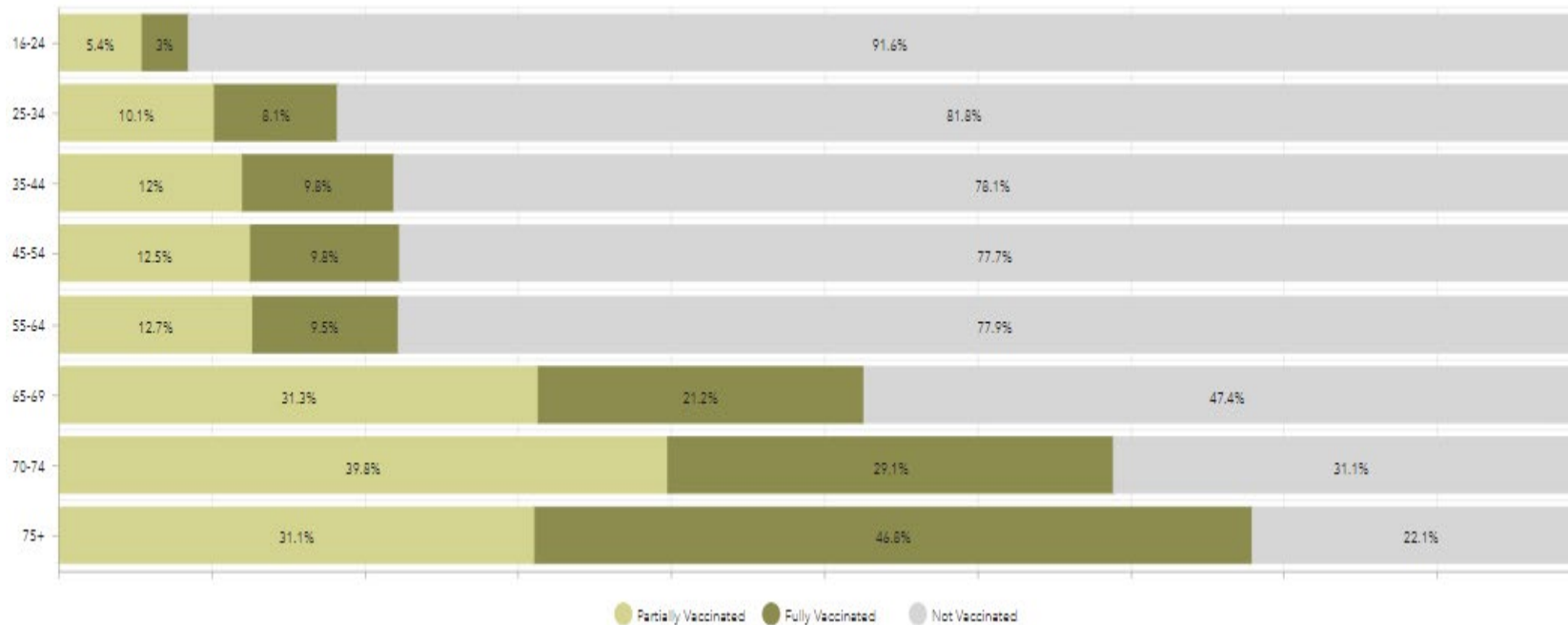


31% of Sonoma County residents aged 16+ have received at least one dose

Race/Ethnicity of Residents Vaccinated

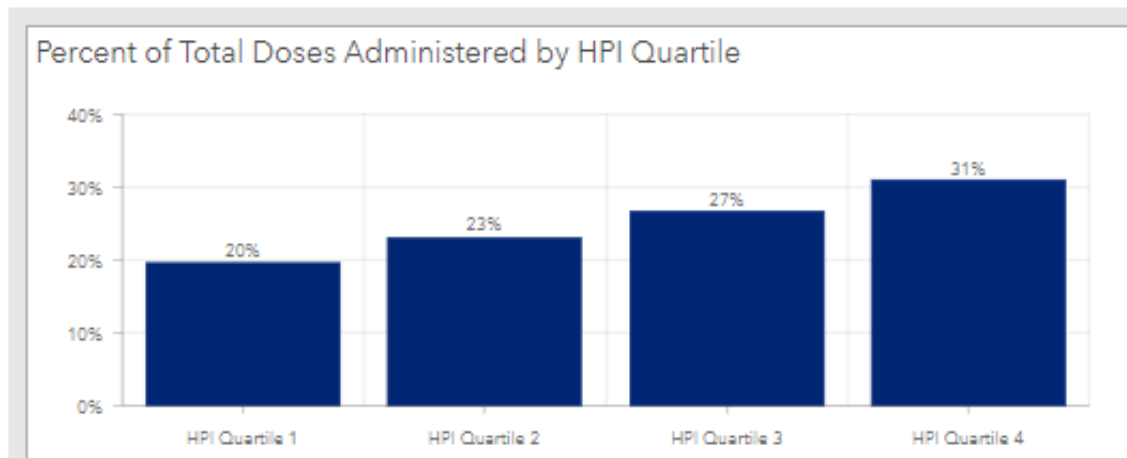
Race/ethnicity	Individuals with 1 st dose	Individuals fully vaccinated with two doses	Proportion of vaccine recipients	Percent population
Hispanic/Latino	12,614	6,265	17%	27.3%
White, non-Hispanic	36,176	31,072	61%	62.9%
Asian, non-Hispanic	1,561	1,377	3%	4.3%
Black/African-American, non-Hispanic	515	447	1%	1.6%
Multi-racial, non-Hispanic	7,513	11,373	17%	2.9%
American Indian/Alaskan Native, non-Hispanic	502	298	1%	0.7%
Native Hawaiian and other Pacific Islander, non-Hispanic	149	119	0%	0.3%
Other, non-Hispanic	6,371	5,522	--	--
Unknown	2,246	3,194	--	--

Proportion of Each Age Group Vaccinated

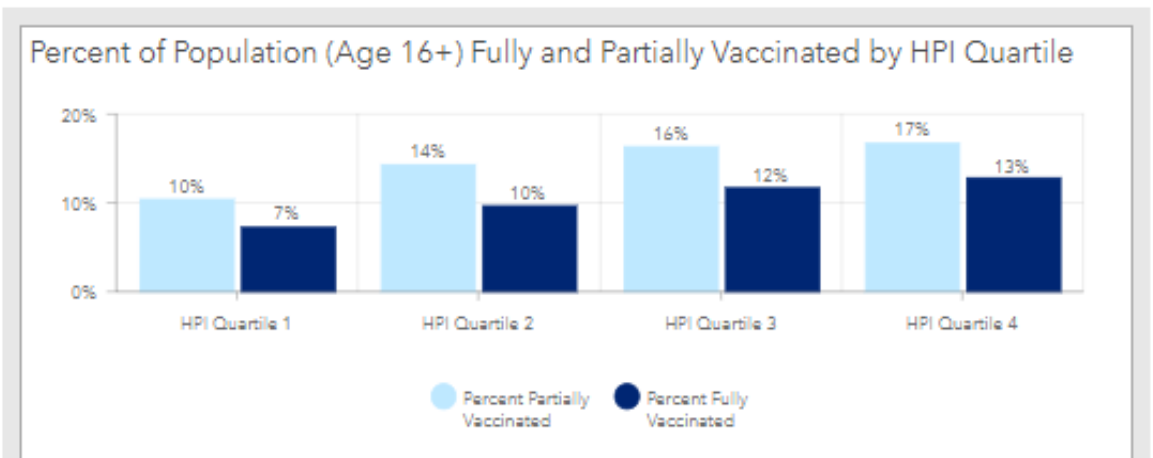


- **Among 65+ year olds:**
 - **67% have received at least one dose**
 - **33% are fully vaccinated**

Vaccine Equity Measures



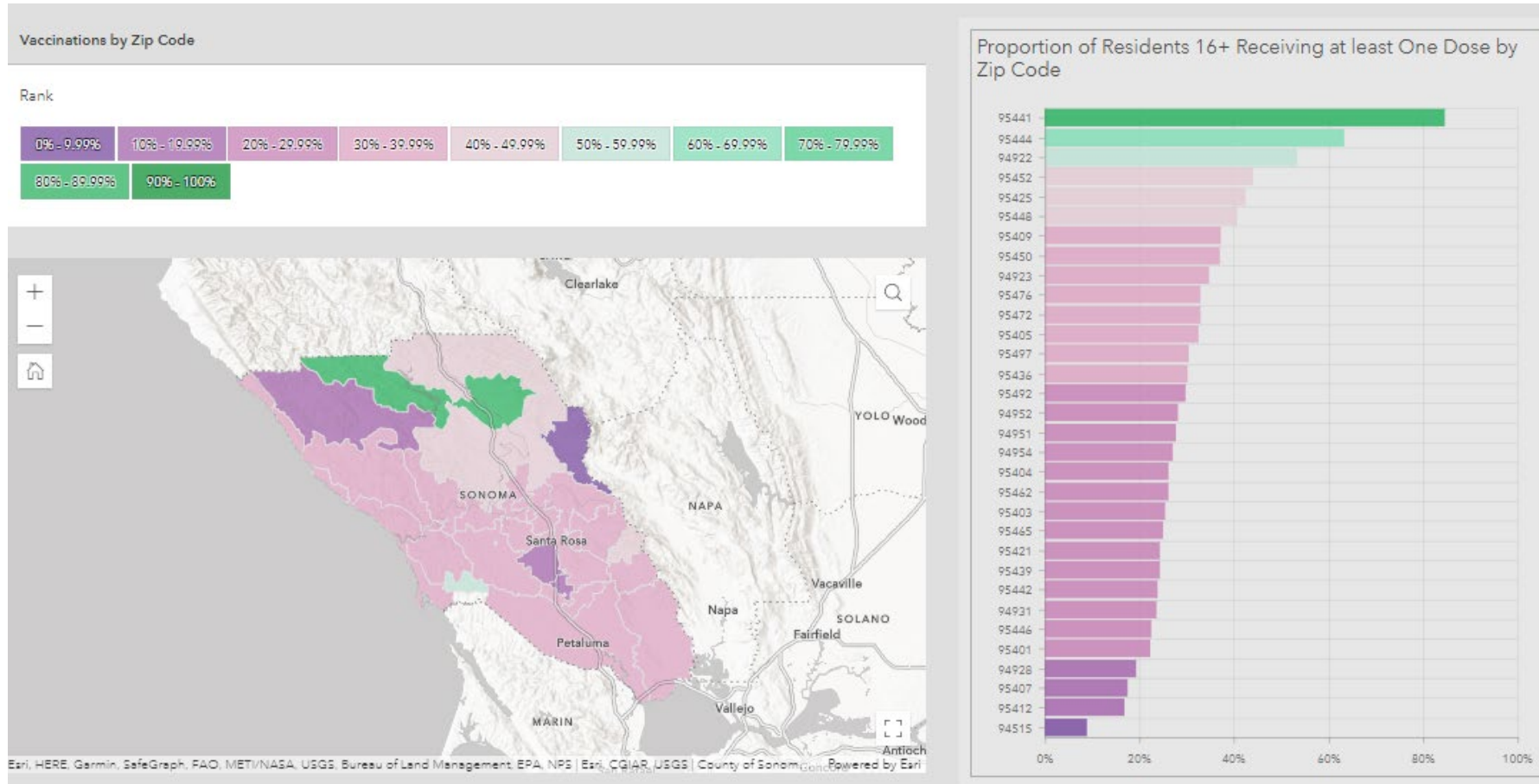
← Least Healthy Community Conditions Most Healthy Community Conditions →



← Least Healthy Community Conditions Most Healthy Community Conditions →

- Currently, 20% of vaccine doses have been administered to residents in the lowest quartile of the Healthy Places Index in which residents have access to the fewest resources
- 17% of residents in this quartile have received at least one dose (10% partially vaccinated; 7% fully vaccinated)

Proportion Vaccinated by Zip Code



Visit Sonoma County data dashboards for additional regularly updated COVID-19 case and vaccine data

Equity Guiding Principals for COVID-19 Response

- **Recenter** the impacts of systemic + structural racism and the association between these systems and health disparities among BIPOC communities.
- **Use** local epidemiological data-driven approaches to intentionally target most at risk communities
- **Foster** meaningful relationships with community through engagement.
- **Lead** culturally responsive outreach and communications
- **Reduce** stigma, including stigma associated with race, ethnicity, and vaccines.



Equity Strategies COVID-19 Response: Testing

- Free, confidential, and easily accessible testing with rapid test results (24-48 hours) should be available; especially among disproportionately impacted communities and individuals who are at high risk and/or are part of the essential workforce. This includes testing without a referral or appointment, pedestrian access, on-site registration, and extended hours.
- Testing modalities such as fixed sites, mobile units tailored to the unique cultural and linguistic needs, as well as the physical accessibility needs (for example, ensuring sites are accessible to wheelchair, cane, and walker users), of the communities being served.
- Partnerships with trusted messengers will increase testing utilization, particularly for priority populations, as well as partnering with social media influencers for targeted communities and sub-groups.
- Education materials that include resources for individuals who have tested positive should be available pre-testing as well as at testing sites. Materials should not solely focus on social isolation and quarantine – they should also include resources that address barriers such as wage replacement, tenants' rights, emergency financial assistance , food, and access to information to cover costs for health.

Equity Guiding Principals for COVID-19 Response: Testing Strategies

Strategy 1 – Community testing sites

- Place testing sites at the location of trusted community organizations and/or locations. (These can include but are not limited to non-profits, churches, community centers, community clinics, etc.) Coordination includes working with partners to do outreach, provide transportation, and develop appropriate education materials and additional resources.
- Consider “unsupervised” testing options become available, train community members who can assist with staffing pop-up sites.
- Community Health Clinic provides walk-up COVID-19 testing, tracing, as well educate community and demystify public health data and policies, counter myths and misinformation.
- Ensure that partners know how to schedule (and reschedule or cancel) appointments for community members, particularly those who do not have access to internet, may not have fixed work schedules, and/or have language barriers.
- Work with testing vendors who have developed ways to assist community members who do not have internet access.
- Set aside 20% (or more) of daily appointments to be same day and allows individuals to register on-site.



Equity Guiding Principals for COVID-19 Response: Testing Strategies

Strategy 2 – Mobile testing sites

- Mobile testing is an invaluable resource for a number of communities including those in rural areas and encampments. Coordination with trusted partners is key for this strategy. (Sonoma County currently uses the LHI Mobile Bus).
- In rural areas a worksite may be the best placement for a mobile unit to test immigrant and undocumented workers. County staff will need to coordinate with employers and CBOs so employees will feel safe testing.
- May want to develop partnerships with legal aid organizations and the California Protecting Immigrant Family Coalition to develop materials regarding the Public Charge rule and other immigration and health care “Know Your Rights” materials so they may educate employees on the resources available if they do test positive. [Additional information available in Worker Protections section]
- Trusted messengers can be present at testing sites to help with translation, outreach, and education (on vaccines AND importance of testing). These trusted messengers are vital in helping community members feel safe enough to give the information needed for follow up and contact tracing.
- When testing at encampments, coordination with homeless health care organizations, “street teams,” and other harm reduction services is necessary to develop trust as well assist with follow up and contact tracing. County staff may want to have un-homed community members sign release of information (ROI) forms to allow trusted community partners to receive test results. Since many un-homed individuals are transient, street teams and trusted health care partners will more likely know how to reach an un-homed person who tested positive if they cannot be reached by email or phone. This process will help the un-homed have better access to needed resources.

Vaccine Outreach: Communications/Education Campaign

- The Health Equity Marketing and Outreach campaign that began in October 2020 has continued into 2021 where it has merged with marketing and outreach focused on vaccinations and addressing vaccine hesitancy. These communications include:
 - Public service announcements on Spanish & English radio.
 - Mobile marketing campaign targeting cell-phone users in key Census tracts with The Engine is Red through first half of 2021
 - Digital and print ads in local newspapers including The Press Democrat, Petaluma Argus-Courier, Sonoma Index Tribune, La Prensa and Sonoma County Gazette.
 - Graphics/promotional ads for social media and other platforms
 - Public service ads in partnership with CHI COVID Vaccination Communications Group, a joint committee involving local health care providers and the County.
 - Communications outreach includes grants and materials to support existing outreach efforts through trusted community-based organizations to address vaccine hesitancy and encourage inoculations.

II. Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Expansion Grant Strategies



Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Expansion Grant Overview

- \$19.11 billion dollars awarded nationally under the ELC Enhancing Detection Expansion supplement via the Coronavirus Response and Relief Supplemental Appropriations Act of 2021.
- The California Department of Public Health (CDPH) is allocating \$17,813,262 to Sonoma County.
- Funding for these activities is covered for the period of January 15, 2021 to July 31, 2023.
- This new funding is in addition to the previous allocation awarded to Sonoma County on August 11, 2020 in the amount of \$4,996,352.
- Application is due to the state on March 31, 2021.

ELC Enhancing Detection Expansion - Program Focus

- Resources are intended to “prevent, prepare for, and respond to coronavirus” by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation.
- The allocation spans six different strategies that collectively build upon current investments and better prepare counties in California to address COVID-19 response needs and allow the state to prioritize and target resources to those most vulnerable to the impacts of the disease.

ELC Enhancing Detection Expansion - New Elements

- Program has broadened to allow additional activities; including the following:
 - Vaccine infrastructure needs as well as operational costs
 - Supplies, and equipment for detection of COVID-19 variants of interest
 - Workforce training
 - Support to Community Based Organization for wrap-around services to aid in safe isolation & quarantine
- Targeted Equity Investment Plans are now integrated into the ELC Workplan.



Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity



- **Focus:** Increase public health workforce capacity.
- **Proposed Activities:**
 - Continue to fund COVID-19 Section positions to support the Public Health Lab.
 - Requesting to fund additional resources to support lab management and COVID-19 variant specimen testing.

Strategy 2: Strengthen Laboratory Testing

- **Focus:** Enhance data management and analytic capacity at the Public Health Lab.
- **Proposed Activities:**
 - Purchase of ClearLabs Dx Platform to increase the Public Health Lab's capabilities to detect COVID-19 variants.
 - Automatic remote temperature monitoring system to aid with vaccine storage.
 - Continue to support the courier service which transports samples to the Public Health Lab for testing.

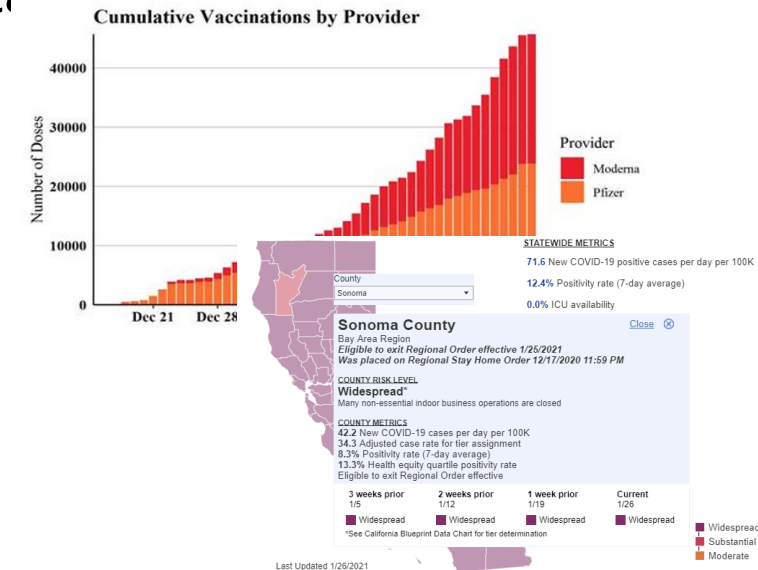


Strategy 3: Advance Electronic Data Exchange at Public Health Lab

- **Focus:** Expand and enhance laboratory information infrastructure.
- **Proposed Activities:**
 - Continue to support the adoption of the new Laboratory Information Management System (Orchard Harvest) including training needs and maintenance costs.
 - Purchase software for document and inventory control.
 - Implement access to cloud platform(s) for COVIDNet sequencing data transmission and analysis.
 - Service agreements to support enhanced COVID-19 PCR testing.

Strategy 4: Improve Surveillance & Reporting of Electronic Health Data

- **Focus:** Enhancing epidemiological systems for flexible data collection, reporting, analysis, and visualization.
- **Proposed Activities:**
 - Continue to fund epidemiology positions.
 - Support annual subscription costs for new disease surveillance software program—eClinicalWorks.
 - Continue to fund 3 informatics position within ISD to assist with COVID-19 information management systems.
 - Training and statistical software to support epidemiologists with ongoing COVID-19 data analysis and reporting.



Strategy 5: Use Laboratory Data to Enhance Investigation, Response, and Prevention

- **Focus:** Identify cases and exposure to COVID-19 in high-risk settings and within vulnerable populations to target mitigation strategies.
- **Proposed Activities:**
 - Continue funding for COVID-19 Section positions to support case investigations, contact tracing, and field testing.
 - Utilize funding for translation, interpretation, and printing of key COVID-19 messaging materials, especially for indigenous language speaking populations.
 - Conduct community meetings to get feedback on outreach and information campaigns for COVID-19 response programs.
 - Purchase a fully equipped mobile van to improve accessibility to both testing and vaccinations for high-risk groups.
 - Sustain the Emergency Financial Assistance (EFA) program.



Strategy 6: Coordinate and Engage with Partners

- **Focus:** Partner with local organizations to enhance capacity for infection control and prevention of COVID-19.
- **Proposed Activities:**
 - Continue to fund a dedicated staff person for Infection, Prevention and Control (IPC) which is one of the requirements of the grant.
 - Continue to fund COVID-19 management positions.
 - Support PIO staffing and costs of communications materials.
 - Support operational costs of DHS contract for outreach and case management
 - Provide funding to Federally Qualified Health Centers to implement vaccine clinics.



FQHC Vaccine Clinic Assistance Requests

FQHC	Total # sponsored sites	FQHC Funding request for projected increased costs to implement Vaccine Clinics in the Community
Santa Rosa Community Health	1 – Grace Pavilion	Staffing of Vaccine Clinic 9.0 fte , Medical supplies, and equipment
Petaluma Health Center	1 – SRJC Petaluma	Staffing of Vaccine Clinic 10.0 -18.25 fte, Medical supplies, and equipment
Sonoma Valley Community Health Center	1 – Sonoma Valley Vets Hall	Staffing of Vaccine Clinic 8.0 fte, Medical supplies, equipment
Alexander Valley Healthcare	1 – Cloverdale Smart Train Drive Through	Staffing of Vaccine Clinic 6.15 fte, Medical supplies, Ipads, Networking (MiFi)
Jewish Community Free Clinic	0 – Conducting in internal clinic	Staffing of Vaccine Clinic .90 fte, Medical Supplies
West County Health Centers	1 – Analy High School 1 – Guerneville School	Staffing of Vaccine Clinic 6.2 fte, Medical Supplies, Technology messaging upgrade, Janitorial Contract for off property clinic
Alliance Medical Center	1 – Huerta Gym 1- Healdsburg High School	Staffing of Vaccine Clinic 2.4 fte, Medical Supplies
<ul style="list-style-type: none"> Approximately totaling \$2.43 million subject to contract negotiation with FQHC's and determination cost allowability and reasonableness in addition to Community needs with progression of COVID-19 work through Summer/Fall 2021. FQHC other vaccine funding sources will be considered as part of the negotiation for the use of ELC Enhancing Detection Expansion funds for federal/state funds for this initiative. Use of ELC Enhancing Detection Expansion funds for federal/state funding FQHC vaccine administration is subject to grant requirements. These health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Staffing and proposals will be negotiated to the appropriate vaccine volumes and supply availability 		

ELC Enhancing Detection Expansion Proposed Funding Table

- Staffing, Laboratory Contracts, Supplies, Communication Materials, and other costs
- Outreach and case management contract
- Emergency Financial Assistance
- FQHCs Vaccination Clinics

Staffing, Laboratory, Communication, other (in millions)					
4/1/21-6/30/21	7/1/21-9/30/21	10/1/21-12/31/21	1/1/22-6/30/22	7/1/22-7/31/23	Total
\$0	\$2.62	\$2.51	\$.879	\$.654	\$6.7

Outreach and Case Management Contract (in millions)					
4/1/21-6/30/21	7/1/21-9/30/21	10/1/21-12/31/21	1/1/22-6/30/22	7/1/22-7/31/23	Total
\$0	\$1.03	\$1.03	\$0	\$0	\$2.0

Emergency Financial Assistance (in millions)					
4/1/21-6/30/21	7/1/21-9/30/21	10/1/21-12/31/21	1/1/22-6/30/22	7/1/22-7/31/23	Total
\$.72	\$4.07	\$1.85	\$0	\$0	\$6.6

FQHCs Vaccination Clinics (in millions)					
4/1/21-6/30/21	7/1/21-9/30/21	10/1/21-12/31/21	1/1/22-6/30/22	7/1/22-7/31/23	Total
\$2.04	\$.38	\$0	\$0	\$0	\$2.4

ELC Expansion Total Funding Plan (in millions)					
4/1/21-6/30/21	7/1/21-9/30/21	10/1/21-12/31/21	1/1/22-6/30/22	7/1/22-7/31/23	Total
\$2.76	\$8.11	\$5.39	\$.879	\$.654	\$17.8