



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?

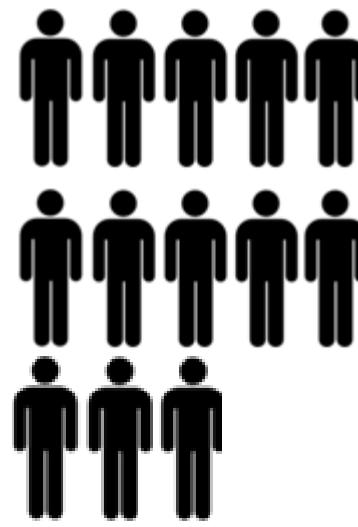
- **Three questions:**
 1. **How many new people are infected by COVID-19 each day?**
 - Measure: New Cases per Day per 100,000 population
 2. **What percentage of tests are positive for COVID-19?**
 - Measure: Testing Positivity
 3. **Is COVID-19 harming some parts of the community more than others?**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



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

Where do we need to be?

A red arrow pointing to the right, indicating the target for the infection rate.

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?

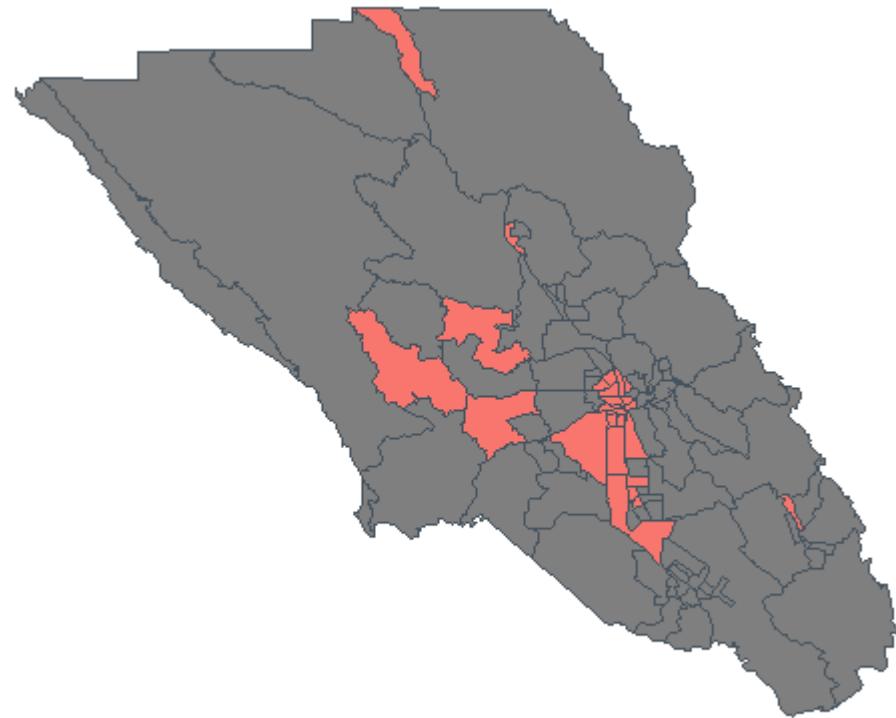
- COVID-19 has impacted some communities more than others
- These include our Latinx, low income, and essential worker communities
- Counties must address COVID-19 in **all** communities to open further, including making sure the positivity rate in certain neighborhoods does not significantly lag behind 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 were successful in holding off COVID-19 early on**
 - We are following the same trend as other counties, but are about 4 weeks behind
- **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 Intensive and Data Driven Testing

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 lowest quartile of Healthy Places Index census tracts
 - Double DHS-Public Health testing in impacted neighborhoods
 - Work closely with health care partners that are located near these census tracts to increase access to testing locations

Strategy 1: Expand Intensive and Data Driven Testing

- Expansion of pop-up testing in HPI focus neighborhoods
 - Up to 12 events per week
 - 400 tests per day while maintaining 24/48 hour turn-around time at Public Health Lab
 - Start with the most highly impacted areas in Santa Rosa, Healdsburg, and Rohnert Park
 - Add areas as the program expands and according to the latest data



Strategy 1: Expand Intensive and Data Driven Testing

- 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: Enhanced Outreach to the 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.*

- Partner with the *COVID-19 Urgent Response and Aid (CURA) Project* and augment the services provided:
 - CURA Project will support outreach around neighborhood testing events
 - County will partner with CURA to bolster financial support to facilitate isolation

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 a medical supportive services
 - COVID testing, supported by testing incentives
 - Emergency financial assistance



Strategy 2: Enhanced Outreach to the Latinx Community

- Financial support and incentives:
 - DHS's contributions to lost wage compensation will increase CURA's ability to focus on wrap-around support and emergency financial assistance for those with the greatest financial need
- Outreach about testing events
 - The testing team will coordinate with CURA Project to ensure that appropriate outreach is conducted near neighborhood testing locations and is timed so outreach is happening prior to the testing by 1-2 days
 - The county PIO team will disseminate information about expanded testing opportunities on SoCo Emergency website, social media, print media, digital media, radio/TV, and other communications avenues as appropriate

Strategy 3: Incentive Program and 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 HPI target neighborhoods
 - Visa Gift Cards
- Lost wage replacement to facilitate isolation
 - \$1,216 stipend for 14-day isolation

Testing Incentives

- \$30 Gift card
- Provided at testing events in target census tracts and to other designated vulnerable populations (e.g., homeless)
- Eligibility for cards will be limited to once per month
- Predict a resulting 50-75% increase in testing demand in target groups based on data from other similar interventions

Lost Wage Replacement

- Compensation:
 - \$1,216 per isolation or quarantine per adult (one time payment)
- Rationale:
 - Referred to highest minimum wage in 2021 across Sonoma County cities: \$15.20/hr (rate in Santa Rosa starting January 1st)
 - Hours worked per week: 40
 - Maximum time out of work: 2 weeks/14 days



Lost Wage Replacement Target Population

- Residents of lowest Healthy Places Index quartile census tracts and others in the community who do not have access to other forms of financial coverage who would suffer significant economic hardship as a result of isolation
- **First tier:**
 - Confirmed adult COVID-19 cases with no access to paid leave or other compensation who live in lowest quartile census tracts 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

Lost Wage Replacement Eligibility

- Must be 18 or more years of age.
- Cannot be eligible for unemployment or receive paid sick leave.
- Must live in a lowest quartile census tract OR have an annual income <80% of Sonoma County median income.
- Must isolate from date of initial notification, with at 50% or more of required period remaining (has isolated for at least 5 days). Unstably housed individuals are required to self-isolate from date of notification in one of designated hotels or the Alternate Care Site, or a verified separated space (e.g., camper, trailer) before they can receive the stipend.
- Has not previously received payment, stipend is a one-time only payment limited to adult household members who test positive for COVID-19

Strategy 4: Partnership with Businesses

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 can partner, lead and invest in enhanced COVID-19 mitigation strategies to help progress toward reopening the economy safely

Strategy 4: Partnership with Businesses

- 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
 - Share information on testing and incentive programs available



Strategy 4: Partnership with Businesses

- Public/Private partnerships with businesses to help fund or support:
 - increased testing in communities most impacted
 - financial incentives/support for testing and isolation
 - increased bilingual outreach
 - identifying hotels for isolation by working with the Sonoma County Tourism to help find hotel rooms
 - modeling best practices in their workplaces to reduce transmission



Strategy 5: 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 target HPI 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: 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



Target Population for Expanded Isolation/Quarantine Support

- Target Population:
 - Confirmed adult COVID-19 cases who live in lowest quartile census tracts 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

Strategy 6: Communication, Promotion, and 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.*

- Expanded communications and promotion of enhanced COVID-19 programs will be a priority for all of the proposed strategies
- A new media campaign will increase messaging to the Latinx Community

Expanded Communications

- Embedded communications
 - Outreach to key businesses
 - Partnerships with trusted messengers such as CURA will increase testing utilization, particularly for vulnerable communities, as well as partnering with social media influencers for targeted communities and sub-groups
 - Educational materials that include resources for individuals who have tested positive will be available pre-testing as well as at testing sites

Media Campaign

- DHS will work to promote activities via culturally appropriate outlets to better target Latinx and other disadvantaged communities through
 - public service announcements on Telemundo Univision
 - radio commercials
 - digital billboard placements on key routes
 - print and digital marketing
 - increased social media advertising
 - YouTube streaming services



Fiscal Impacts

1	Strategy	Description	CARES Act 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

**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

- The Department is proposing to redirect \$4 million of CARES funding from the COVID-19 Response Plan to the Enhanced COVID-19 Strategies that will be utilized during the October 20, 2020, though December 30, 2020
- 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 the December 31, 2020 through June 30, 2021

Questions