

Alameda County Health Care Services Agency  
Public Health Department



**2-YEAR  
COVID-19 STRATEGIC PLAN**

*2022 - 2024 Strategic Refresh*

# COVID-19 2022-2024, Two-Year Strategic Refresh

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## **Mission**

The mission of the COVID Division is to eliminate preventable deaths from COVID and continue to reduce disparities across racial and ethnic communities. Over the next two years (June 2022 – June 2024) we aim to serve Alameda County residents with timely information by monitoring the global COVID-19 situation as well as nationally and locally, analyze and share data for decision making, continue to partner with communities, focus on populations at most risk of severe health outcomes and support outbreaks in the most vulnerable settings. Our focus is to be a safety net for individuals without a medical home and strive to connect people to the services and resources they need to be healthy.

## **I. Introduction**

2022 marked the beginning of the third year of the federally declared emergency to address COVID-19. The 2021 calendar year began with a surge of cases dominated by the Delta variant and ended with an unprecedented surge dominated by the more contagious Omicron variant. In early 2021, COVID vaccines became available to the general population and therapeutics were integrated into our mitigation tools to impact those infected. Although new tools slowly became more available, global supply chain challenges resulted in shortages of critical supplies needed to address the pandemic, including testing supplies and test sites, personal protective equipment, ventilators, and other needed health supplies in addition to delays in vaccine delivery.

As the country moved into 2022 with anticipation of sharp reductions of COVID cases in the Spring, it became clear that new COVID variants would continue to create surges in cases requiring rapid, locally driven responses. The introduction of both new vaccines and new therapeutics have given public health and health care providers new tools to reduce the most severe outcomes of COVID infections, however challenges remain in protecting those communities who have been disproportionately impacted by this disease.

To meet these ongoing challenges, Alameda County shifted its response from an incident command system to standing up a COVID Division within the Public Health Department to focus on responding quickly to new outbreaks and surges, as well as engage in long-term planning for the future. In coordination with the Health Care Services Agency and over 40 Community Based Organizations serving Alameda County residents, the Department's COVID strategic plan was updated. While many strategies have been adapted to meet current conditions, the four basic goals of the COVID Strategic Plan remain the same:

1. Prevent COVID-19 infection, transmission, and serious illness.
2. Test, isolate and support care of people with COVID-19.
3. Redress COVID-19 related racial/ethnic health disparities.
4. Strengthen, align, and evaluate public health infrastructure.

Alameda County's equity informed, strategic response to the COVID Pandemic has made a significant impact. As of June 2022, Alameda County had the lowest mortality rate among California Counties with over 1 million residents.

## **II. Background**

As of October 25, 2022, there have been more than 351,000 cases of COVID-19 and nearly 2,000 COVID-related deaths in Alameda County. Alameda County has the lowest death rate of counties in the US with population greater than 1 million as of 2020-2022<sup>1</sup>. Until recently, Black, African American, Latino/a/x, and Pacific Islander communities bore disproportionate disease burden, with higher infection and death rates reported in these groups. The exact combination of factors needed to reverse waves of COVID-19 transmission and end surges of viral illness are not fully understood. However, it is important to note Alameda County's multi-pronged approach, which centered health equity from early on, has helped mitigate even worse impacts of COVID-19 seen in other large and densely populated counties across the United States (U.S.). The approach was driven by a strategy that included: expanded access to testing in hard hit neighborhoods with fixed, mobile, and targeted community-based strategies; case and outbreak investigation; contact tracing; isolation and housing for people experiencing homelessness or over-crowded living conditions; outreach and health education; linkage to resources; prevention measures that include masks and social distancing; and vaccination campaigns that include community-based points of dispensing (PODs).

Alameda County has dispensed over 4.1 million vaccine doses and counting. Alameda County Public Health Department will continue to innovate community-based POD approaches, combining mobile and pop-up vaccination models with stationary sites situated in neighborhoods with lowest vaccination rates. We will continue to offer in-home vaccination services, prioritizing those who are not able to access vaccine services on their own.

The COVID-19 pandemic underscores the critical need for sustained investment in community-facing and equity-oriented public health infrastructure. Under fiscal pressure, public health programs typically take a back seat to other political priorities. In fact, public health receives funding in fits and starts typically dictated by natural disasters or epidemics. Challenges to infrastructure are exacerbated by vacillating political will, slow-moving bureaucratic processes, uneven technical and technological capacity, and growing disparities between financially poor and wealthy people.

Alameda County, like all local and State health jurisdictions in the U.S., was caught unprepared for the COVID-19 pandemic, because of years of governmental divestment. It will take more

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<sup>1</sup> Note: California death data is reported as County of Residency (from CDPH). Non-California data is using death reported by occurrence (available from CDC).

Source: California Open Data: COVID-19 Time-Series Metrics by County and State – Datasets – California Health and Human Services Open Data Portal. Data as of 10/18/2022; accessed 10/25/2022.

than just a short-term infusion of cash to solidify our public health infrastructure. It will take: political forethought and will; a pipeline for talented professionals; public health career trajectories that invite and incentivize talent; integrated sentinel surveillance and information systems with reliable data on communicable disease coming in from private and public medical providers; bench depth for research, epidemiologic analysis, program evaluation, prevention, health promotion, and health equity interventions; innovations in confidential case finding and contact tracing; and support for meaningful and sustained community engagement that strengthens resilience.

Racial justice and upholding the human rights of economically and otherwise disenfranchised communities, including homeless people and people experiencing housing and food insecurity, need not be inconsistent with a concern for public health infrastructure. Special attention is needed and should be given to the disproportionate toll taken by COVID-19 on Black, African American, Latino/a/x, Native American, and Pacific Islander communities. The impact of COVID-19 can be addressed holistically, through population specific, place-based systems of services and practices to meet the varied but inter-related needs of people of color and people living in economic poverty because of structural racism. This necessitates a robust public health infrastructure.

Public health infrastructure consists of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health. There are 10 essential public health activities that all local and State health jurisdictions should undertake:

1. Assess and monitor population health.
2. Investigate, diagnose, and address health hazards, and root causes.
3. Communicate effectively to inform and educate.
4. Strengthen, support, and mobilize communities and partnerships.
5. Create, champion, and implement policies, plans, and laws.
6. Utilize legal and regulatory actions.
7. Enable equitable access.
8. Build a diverse and skilled workforce.
9. Improve and innovate through evaluation, research, and quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

The 10 public health services provide a framework to protect and promote health of all people in all communities. Health equity is central to this framework. Achieving health equity requires coordination, consistency, explicitness, deliberateness, resources, and political will. Achieving health equity necessitates the removal of systematic and structural barriers like poverty, racism, gender-based discrimination and inequalities, homophobia, ableism, and other forms of social oppression. Health equity also requires active promotion of policies, systems, and overall community conditions that enable optimal health and resilience.

### III. Looking Ahead: Factors to Track

Although we have learned a great deal about COVID-19 and SARS-CoV2, the virus that causes it, much remains unclear for the future. As new variants continue to emerge, it is likely that COVID-19 will continue to impact human populations for some time, if not indefinitely. It is therefore imperative that we not only continue to address COVID but configure direct services to reduce siloes by attending to whole person care as our hardest hit communities have borne the brunt of other health disparities as well. We will consider non-COVID activities that can be implemented into our COVID response strategy over the next year such as:

- Offering other direct services at community testing and vaccinations sites
- Providing access to home testing kits and masks at COVID community service sites
- Sharing information on other current infectious and chronic conditions of concern at sites
- Supporting information and access to health care insurance enrollment and other programs offered by the Public Health Department

Additional considerations that inform our response to the continued impact of COVID in our communities include:

#### ***Vaccinations for Youth***

Vaccines for 0-4-year-olds were approved in June 2022 and vaccination rates for this group are slow on the uptake, but gradually increasing. Rates for 5-11-year-old youth (64%) remain lower than other age groups with additional gaps across racial groups still evident. The impacts to children in this age group across the community include reduced school attendance, parents missing work to care for children who are sick or need to isolate, and lower attendance at youth serving organizations. Strategies to increase vaccinations for youth will continue to be a priority.

#### ***Vaccine Uptake***

While demand for COVID-19 vaccine has been strong to date, uptake may decline in some communities before reaching peak levels resulting in residual pockets of highly susceptible individuals. Higher COVID-19 cases, outbreaks, and instances of severe disease should be anticipated in these populations.

As we continue to monitor variants of concern, the development of bivalent vaccines may increase uptake among some individuals. An important focus in protecting Alameda's population this next year will be to support booster doses and new vaccines.

#### ***Global Vaccine Supply***

Although vaccines are readily available with about 70% of the world populations having received at least one dose, less wealthy countries such as Africa, remain under-vaccinated with

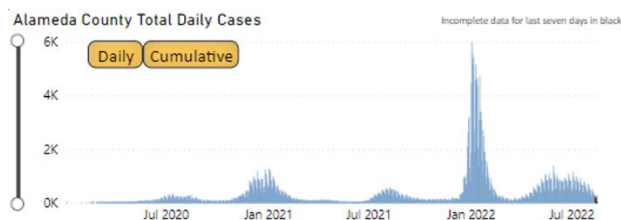
only 27% vaccination rate due to a variety of reasons<sup>2</sup>. With little to no immunity, COVID-19 will continue to mutate creating new variants that can quickly spread across the world in just a few weeks, which provides an opportunity for multiple future introductions to Alameda County undermining our current high population-level vaccination rates.

### ***Waning Immunity***

As immunity wanes over time, these new variants may overwhelm our public health and healthcare systems merely by the high number of infections despite mild disease. Segments of the population highly vulnerable to severe health outcomes will require ongoing surveillance and response support. With new bivalent vaccines now available, we may be able to bolster immunity temporarily, but the evolution of the COVID virus may outpace science and our ability to stay ahead of what is circulating at the time of an updated formulation of vaccine. Additionally, reinfections with SARS-CoV2 have been documented and certain variants appear capable of infecting previously infected persons. Even in the absence of variants, natural and vaccine-mediated immunity have proven to wane over time sufficiently to result in high numbers of COVID-19 cases.

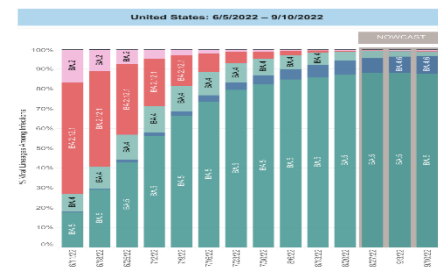
### ***Variants of Concern***

SARS-CoV-2 replication is naturally error prone, giving rise to distinct viral variants which, under selective pressure, may be more transmissible or virulent, or may be capable of evading immune responses to prior infection or vaccination. Even after 5 waves of COVID infections,



variants of concern continue to be monitored in Alameda County. At the time of printing this report a new variant, BA 4.6, is emerging nationwide and is anticipated to soon become the dominant variant (note the growing dark blue segment in the graph below).

While current approved vaccines are likely to be effective against these variants, as long as COVID-19 is present at high levels around the world, new variants are likely to emerge. Variants will continue to plague vulnerable populations whose immune systems do not respond to vaccines or fail to clear the virus. Consideration of broader mitigation tools and post exposure prophylaxis and treatments will be key in our continued work against COVID.



### ***Decreased Public Tolerance for COVID-19 Restrictions***

From the beginning, it has been challenging to implement and maintain the social distancing restrictions and other mass mitigation strategies necessary to lessen the impact of the pandemic. Patchwork approaches, vacillating political will, and substantial personal and economic impacts have meant that sustaining many of these restrictions will be challenging. In California, a pivot away from legal mandated restrictions to a general risk reduction guidance

<sup>2</sup> <https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html>



paradigm has been implemented. Face covering mandates have shifted to being strongly recommended, with a more focused messaging campaign encouraging masking to reduce the spread of a variety of diseases, including COVID.

### ***Communication Strategies***

Throughout the past year, rapid changes in the pandemic itself, as well as changing guidance related to new vaccines and who is eligible, have made it difficult for both health providers and the communities they serve to be informed of the most current information available. In 2022, new formulations for boosters as well as newly approved therapeutics have become available, making it even more important to provide clear and consistent messages to the public and to inform other health providers of how to use these new tools to keep our communities safe. Coordination with community partners and health providers to assure consistent information, messaging and guidance are critical to common understanding and ongoing COVID mitigation efforts.

### ***Future Surges***

Since the beginning of the pandemic, there have been five distinct waves of COVID variants, three of which occurred in just the past year. While the earlier Delta wave saw a higher number of deaths, particularly in long term care facilities, the Omicron wave saw an unprecedented number of cases and hospitalizations, peaking in January of 2022. High vaccination rates in Alameda County however, contributed to a lower mortality rate during this wave. Since then, a long summer wave impacted the Bay Area, with additional variants anticipated in the Fall or Winter of 2022.

Reopening, increased travel, declines in masking, and BA.4 and BA.5 Omicron variants, along with other factors listed in this section, will contribute to ongoing potential surge risk even as vaccination numbers increase. Early efforts to vaccinate older adults have significantly reduced the impacts of severe disease in this group.

In addition, COVID-19 has shown evidence of seasonality, a feature of other respiratory viral infections including some other coronavirus infections. Such seasonality is incompletely understood, but it is possible that, in combination with other factors noted here, it could result in a 2022-23 Winter surge and subsequent annual waves of infection. Over time, populations would be expected to accrue sufficient natural or vaccine-mediated immunity to limit the worst impacts of COVID-19 with these seasonal waves. True herd immunity, in which unvaccinated persons (e.g., infants) or those in whom full vaccine efficacy is not reached are still protected, may prove elusive. Moreover, if face covering use and social distancing declines in the U.S. and around the world, we may experience a substantial rebound influenza season in 2022-23, which could complicate a Winter COVID-19 surge.

## **IV. COVID-19 Recovery and Beyond**

COVID-19 will remain an urgent public health priority for years to come. In addition to honing and supporting an evidence-informed and community-led COVID-19 response, we must strengthen and expand general communicable disease public health response capabilities,

leveraging lessons learned to date. Those lessons can inform stronger policy and practice that will carry us through the next few years. This includes appropriately trained staff in adequate numbers, implementing multi-pronged prevention and response programs, including but not limited to robust testing, vaccination, surveillance, variant-detection, case investigation/contact tracing, and outbreak containment efforts. In addition, we need improved data analytics and information infrastructure and ongoing mass communication capacity. Finally, we must sustain the partnerships and community engagement that has been critical to our success thus far, particularly with the most impacted communities. In the absence of investment in these strategies, we remain vulnerable to future disease outbreaks and other public health emergencies.

Of note, regardless of its trajectory, COVID-19 will have longstanding impacts on our lives, particularly in the same communities that have experienced the heaviest toll. While many have avoided the worst economic impacts of the pandemic, others have experienced substantial hardship that will affect them for years, with probable knock-on health effects. Financial subsidies and eviction protections will expire, placing people at risk of homelessness and other negative outcomes. Economic recovery will be slow in some sectors and may never return to pre-pandemic levels in a few. For example, a major shift to remote work for certain industries could threaten small businesses that rely on dense office and business districts. The pandemic also created an environment where preexisting political and social divisions widened, and racial hatred was amplified. At times, these divisions were frankly exploited for political gain. These factors threaten to undermine efforts at community recovery and rebuilding after the pandemic. Any public health strategy for pandemic recovery must account for these longstanding impacts to include solutions that go beyond just health policy.

Using the 10 Essential Public Health Services as a foundation, the goal of this paper is to outline the next 1-year strategy for responding to COVID-19 in Alameda County and in so doing, map the public health infrastructure needs for a sustainable recovery and emergency preparedness. [A sustainable response will include expanding the response to include additional CD services and supports in addition to those directed toward COVID-19.

## **V. Strategy**

The strategy that follows was created as a guide for Alameda County Healthcare Services Agency's future COVID-19 response. The strategy is undergirded by the 10 Essential Public Health Strategies as outlined by the CDC. It assumes a 1-year time horizon for preventing the worst outcomes of COVID-19, while strengthening community and public health infrastructure over the next two years. The Strategy also includes a goal that specifically addresses persistent racial/ethnic health inequities. The Strategy is summarized in the table below and described in greater detail in the pages that follow.

**Table 1.** Strategy for COVID-19 Mitigation and Public Health Infrastructure Development 2022-2024

Alameda County Health Care Services Agency Public Health Department <b>2-YEAR COVID-19 STRATEGY</b> 2022 - 2024 Strategic Refresh				
GOALS	Prevent COVID-19 infection, transmission, and serious illness.	Test, isolate, and support care of people with COVID-19.	Redress COVID-19-related racial/ethnic health disparities.	Strengthen, align, and evaluate public health infrastructure.
STRATEGIES	<ol style="list-style-type: none"> <li>Vaccinate Alameda County residents and work with the health system to maintain optimal vaccination of residents.</li> <li>Provide guidance and technical support to individuals, organizations, businesses and congregate settings on how to minimize risk, exposure and transmission.</li> <li>Support adoption of policies and procedures that prevent infection and serious illness.</li> <li>Communicate effectively through multiple means to inform and educate providers and residents and with an increased focus on serving populations disproportionately impacted by COVID</li> <li>Protect populations disproportionately impacted by COVID</li> <li>Support community-informed and community-led health promotion efforts</li> <li>Align prevention, health promotion, and education initiatives with testing and vaccination work</li> <li>Provide or connect people to resources as needed</li> </ol>	<ol style="list-style-type: none"> <li>Expand partnership with health system to maintain access to testing for all.</li> <li>Investigate cases and outbreaks as needed.</li> <li>Isolate people who test positive for COVID and follow current guidelines for quarantine of contacts.</li> <li>Ensure equitable and ethical access to medication and therapies.</li> <li>Link Alameda residents who test positive for COVID to housing resources, and provide housing to those with no other options.</li> </ol>	<ol style="list-style-type: none"> <li>Track epidemiologic trends by race/ethnicity, SES, gender, sexual orientation, zip code, and age.</li> <li>Target COVID-19-related services to communities shouldering disproportionate disease burden.</li> <li>Identify and address root causes to disparities in COVID-19 and other health conditions.</li> <li>Support and advocate for funding to community-based organizations led by and serving people shouldering disproportionate disease burden.</li> <li>Ensure that all services are accessible, of high quality, culturally competent and linguistically appropriate.</li> </ol>	<ol style="list-style-type: none"> <li>Building on the lessons learned from COVID, strengthen the capacity of people, technologies and systems to address current and future issues that impact the public's health.</li> <li>Modernize and expand surveillance (behavioral and epidemiologic) and laboratory services.</li> <li>Expand program evaluation and community research capacities.</li> <li>Continue to use data to drive decisions.</li> <li>Meaningfully engage communities most impacted by COVID-19</li> <li>Support and advocate for funding to maintain community-based emergency response partnerships.</li> <li>Support and institutionalize the department's disaster service worker corp.</li> <li>Expand quality improvement and assurance initiatives within the public health department.</li> <li>Ensure language access and culturally relatable services across the agency.</li> </ol>
10 CDC PUBLIC HEALTH ESSENTIAL SERVICES	<ol style="list-style-type: none"> <li>Assess and monitor population health.</li> <li>Investigate, diagnose, and address health hazards, and root causes.</li> <li>Communicate effectively to inform and educate.</li> <li>Strengthen, support, and mobilize communities and partnerships.</li> <li>Create, champion, and implement policies, plans, and laws.</li> </ol>	<ol style="list-style-type: none"> <li>Utilize legal and regulatory actions.</li> <li>Enable equitable access.</li> <li>Build a diverse and skilled workforce.</li> <li>Improve and innovate through evaluation, research, and quality improvement.</li> <li>Build and maintain a strong organizational infrastructure for public health.</li> </ol>		

## Goal 1: Prevent COVID-19 infection, transmission, and serious illness

As we move through the third year of the pandemic, Alameda County has taken a measured and incremental approach to reopening. Throughout the pandemic, we have issued guidance to protect community high risk members, promoted workplace safety, and messaged the importance of testing, vaccination, and other preventive measures such as masking up, physical distancing, and frequent hand washing. Our county is culturally and geographically diverse, with urban, suburban, and rural areas; and we have industry representation from small and large manufacturing, agriculture, construction, technology, retail, and hospitality businesses. Opening and closing actions are considered based on a combination of metrics and other factors, including case rates, COVID-19 hospital census, ICU availability, changes in hospitalizations, and disease containment capacity.

### **Strategy 1.1 Vaccinate Alameda County residents and work with the health system to maintain optimal vaccination of residents.**

- Sustain free and accessible vaccinations that allow Alameda County residents to remain up to date, with a focus in the Healthy Places Index (HPI) I and II quartile neighborhoods.
  - Vaccine strategies include
    - **Stationary PODs:** vaccination sites located over several months in priority neighborhoods
    - **Mobile PODs:** stood up short term or a one-time vaccination site at events or locations where people already go (such as neighborhood events, popular mall, or store, etc.)
    - **At-home vaccinations:** sending a clinical team to the homes of vulnerable residents that are not able to access vaccine sites and any other residents who prefer to be vaccinated in their home
  - Over the next two years, vaccine strategies will shift away from stationary PODs to focus more on mobile and at-home distribution to priority communities.
- Continue to use data to monitor vaccination rates by race/ethnicity, age, census track and zip code, and gender.
- Design and implement vaccination campaigns aligned with data collected to focus on communities disproportionately impacted by COVID 19.
- Fund Community Resilience Coalitions and single organizations as part of the vaccination strategy.
  - Contract with local community-based organizations to support outreach and education, increase access to vaccines, and communicate directly with residents disproportionately impacted by COVID.
- Prior to selecting vaccine sites, meet with community partners and local leaders who serve those most impacted by COVID-19.

### **Strategy 1.2 Provide guidance and technical support to individuals, organizations, businesses, and congregate settings on how to minimize risk, exposure, and transmission.**

- Guidance to individuals will be communicated through: the continuation of the Direct Outreach to Our Residents (DOOR) campaign; the Virtual Assistant (VA) survey which is sent to all positive COVID cases through CalConnect (creates a vehicle to ask questions to the County); SMS (Short Message Service) text with links to guidance sent to all positive cases; follow-up calls to

complex cases and cases linked to large outbreaks; maintaining an Inquiries Line for all questions from the public related to COVID; the County website; and through the public communications strategy.

- Work with trusted messengers such as Community Resilience partners and Community Navigators to disseminate information and reach out to those communities disproportionately impacted by COVID.
- Guidance to organizations, businesses and congregate settings will be made available on the County website and through direct outreach to specific high-risk settings as needed, including:
  - Long term care facilities
  - Transitional Housing, Unsheltered, Unlicensed (facilities), Mental Health and Substance Use (treatment centers) (THUUMS)
  - Correctional facilities
  - Children and youth congregate settings, including schools
  - Healthcare settings
  - Worksites

**Strategy 1.3 Support adoption of policies and procedures that prevent infection and serious illness.**

- Develop and disseminate prevention guidelines to proactively mitigate outbreaks in high-risk settings (see Strategy 1.2).
- Support all businesses to comply with CAL/OSHA standards, including informing employees on:
  - How to report COVID-19 symptoms, close contacts, and COVID-19-related workplace hazards to the employer.
  - How to request accommodations when medical or other conditions put an employee at increased risk of severe COVID-19 illness.
  - How to access COVID-19 testing when required by the Cal/OSHA Emergency Temporary Standards.
- Encourage all businesses operating in Alameda County to strongly recommend the wearing of masks in indoor settings and promote vaccination of all employees.
- Continue to ensure guidance to workplaces are up to date, including essential workplaces, to ensure employees and customers are protected according to the most current local, state, and national guidance.
- Support broad uptake of federal, state, and local guidance for COVID-19 risk reduction.
- Monitor and analyze local epidemiologic data, current research, and other evidence to guide adjustments to guidance moving forward.

**Strategy 1.4 Communicate effectively through multiple means to inform and educate providers and residents, with an increased focus on serving populations disproportionately impacted by COVID.**

Since the beginning of the COVID-19 pandemic, the Alameda County Board of Supervisors and cities have been regularly apprised of the local data along with state and national guidance and progress toward adopting the State's recommendations and guidance. Health Care Services Agency leaders have held regular calls with a wide variety of stakeholders representing diverse sectors of our community. We continue to engage with multiple coalitions and organizations that serve Black/African American, Asian, Native Hawaiian/Pacific Islander, Latino, homeless and other highly impacted communities. We will also continue to partner with faith-based leaders and participate in place-based conversations particularly in areas of high health disparities and COVID-19 impact.

- Regularly engage with community-based organizations, coalitions, task forces, and business organizations, including but not limited to:
  - Bi-weekly meetings each with Community Navigators and Community Resilience Coalition leaders to stay updated on current COVID guidance, mitigation, and prevention strategies.
  - Bi-weekly newsletter that goes to all staff, community partners and elected officials in Alameda County. A separate bi-weekly newsletter is sent to all the Community Resilience partners.
  - Work with community partners, who serve as communication leaders, to help ensure health education messages are clear and consistent.
  - Monthly meetings with the Community Advisory Group (CAG).
  - Monthly briefings with all staff supporting the COVID response and including community partners (~200 participants).
  - Weekly talking points disseminated to all staff and community partners.
  - Bi-weekly meetings with points-of-contact in the COVID Division to gather input from community partners and staff to shape communications for the public.
- Diversify the range of communication channels used to disseminate health education messages as a strategy for expanding reach and coverage.
  - Expand in-person outreach and education efforts through the DOOR campaign and in partnership with Community Navigators.
  - Maintain the Health Promotion and Community Partnerships (HPCP) Unit to manage and support the Community Resilience Partner contracts.
  - Continue to use social media, and encourage all community partners to disseminate messages to their constituents and clients using a variety of channels, such as newsletters, videos, etc.
- Implement prevention programs, develop educational content, and develop social marketing campaigns designed to raise awareness, reduce health-related risk, drive demand/utilization for services, and expand resilience at individual, community, and population levels.

- Combine COVID messaging with other health messages impacting priority populations wherever appropriate, such as at community events or public presentations.
- Assure that all communications are delivered in ways that are culturally relevant and accessible to those communities disproportionately impacted by COVID.

**Strategy 1.5 Protect populations disproportionately impacted by COVID**

Latinx and African American communities living in Healthy Places Index (HPI) Quartile 1 continue to have lower vaccination rates and higher transmission rates than the general population. This next phase of Alameda County’s COVID response will engage a broad range of community organizations and local leaders to reach these populations.

- Contract with organizations serving these populations to support outreach, education, and vaccination efforts. These include the Community Resilience Partners, DOOR campaign partners, vaccination, and testing contractors.
- Adapt materials to be responsive to the values and language of different groups.
- Develop strategies to increase vaccination rates among young children and youth.
- Continue implementation of the infection prevention framework in partnership with long-term care facilities.
- Hire or train a cadre of infection preventionists as an integral part of the public health nursing team.

Provide technical assistance to organizations, as needed, seeking help with their site-specific plans through our COVID Investigation teams and Clinical guides.

- Maintain outbreak investigation teams with expertise in managing and preventing outbreaks, ready to respond and deploy.
- Manage outbreaks in the following settings/facility types based on surveillance and epidemiological data.
  - Long-term care
  - Mental health
  - Transition housing, unsheltered, unlicensed, substance use residential treatment facilities, homeless shelters
  - Correctional facilities (e.g., Santa Rita jail)
  - Workplaces
  - Healthcare

**Strategy 1.6 Support community-informed and community-led health promotion efforts.**

- Continue to fund community partners to conduct outreach, testing, prevention activities, and medium- and long-term messaging and health promotion campaigns.

- In close partnership with community partners, utilize social marketing strategies to drive demand for high-quality, acceptable, accessible, evidence-informed, and rights-based programs.
- Provide training and education to staff and community partners to effectively identify and address misinformation about COVID testing, vaccines, and treatments.
- Fund community-led coalitions to support community-based health promotion strategies, including innovative vaccine dispensing administered through pop-up, mobile, and community-hosted PODs.

**Strategy 1.7 Align prevention, health promotion, and education initiatives with testing and vaccination work.**

- Conduct regular operations meetings with all COVID Unit leads to review strategies, progress and challenges.
- Conduct regular coordination meetings with HPCP and COVID Division leaders to align strategies, messages, and goals.
- Share feedback received from communities to adapt and adjust strategies across the response.
- Support sharing of information and resources across community partners.

**Strategy 1.8: Provide or connect people to resources as needed.**

- Maintain a Community Support team to respond to all inquiries related to COVID. This team will:
  - Link residents to needed services, including I&Q facilities, food, shelter, health care and other supports as needed.
  - Maintain a single call line in the Public Health department (510-268-2101) to respond to all inquiries related to COVID.
- Disseminate available resources to community partners engaged in outreach work to distribute to priority populations.
  - Supply service beneficiaries/clients with PPE.
  - Make PPE available at County-run testing and vaccination sites.
  - Provide access to infection prevention supplies to schools in socio-economically disadvantaged neighborhoods.
  - Make Home Antigen COVID Test Kits available at COVID service sites.

**Goal 2: Test, isolate, and support care of people with COVID-19.**

Maintaining SARS-CoV2 testing and lab processing services in Alameda County continues to be key to addressing ongoing health disparities resulting from the pandemic. A critical aspect of keeping the local economy open is the availability of SARS-CoV2 testing that is sufficient to monitor community transmission leading to outbreaks, including transmission of COVID-19 variants and ‘break-through’ infections. Alameda County will continue to provide equitable access to testing for residents with a focus on those most impacted by COVID-19. At present, an average of 3,000 COVID-19 tests are conducted per day across 35 low barrier, no cost testing sites in the County, including stationary, mobile, and pop-up sites. As over-the-counter “At Home” test kits become an important resource for early



detection, Alameda County is invested in ensuring that this and other COVID resources are available to those who need them, especially the uninsured and uninsured who have more limited access to testing and treatment. While sites and providers are encouraged to ensure access for health care workers, first responders, and essential and frontline workers, these sites are available to anyone, regardless of symptoms, immigration status, or ability to pay. Over the next year, partnering with the healthcare system to message availability of services will allow dwindling county resources to be focused on community members without a medical home. Shifting from primarily laboratory -based testing to point-of-care and at home testing will reduce costs and allow quicker access to treatment options and initiation of isolation of COVID cases. The County's testing webpage will continue to offer up to date information and guidance.

Prior to COVID-19, Alameda County had a team of 7 case investigation/contact tracing (CI/CT) staff for more than 80 reportable diseases. We have since expanded, trained, and deployed staff in a team-based model to perform case investigations and contact tracing. Staff reflect the ethnic, racial, and linguistic diversity of County residents. We are partnering with community-based organizations in a two-phase plan to expand staffing capacity and ensure cultural and racial sensitivity in our work. The first phase, launched in late June 2020, included emergency contracts with four clinical providers serving areas and communities experiencing high case rates. For the second phase launched in August 2020, we issued an RFP for interested community partners who would either hire new people or leverage their existing workforce to integrate with our case investigation and contact tracing program.

At present, people who face safety or economic barriers to appropriate isolation and quarantine are supported through collaboration across the Alameda County Health Care Services Agency, the Alameda County Social Services Agency, All-In (the County's anti-poverty initiative), and community partners. Resources such as food, hotel rooms, and links to other resources including social services, behavioral health services, and resources for workers and renters are available to ensure that people can safely isolate and quarantine.

Finally, as COVID-19 treatment options such as oral antivirals and monoclonal antibodies become more available, Alameda County will continue to play a role in access and distribution. The Health Care Services Agency leveraged its provider readiness network and surge planning efforts to develop an equitable process for the distribution across hospitals in the county. Our collaborative clinical planning group identified an effective workflow and allocation process. This experience has proven useful in current vaccine allocation planning.

**Strategy 2.1: Expand partnership with health system to maintain access to testing for all.**

- Refresh and disseminate testing information and guidance for residents and providers.
- Continue no-cost community testing sites with a focus on testing in geographies and among populations with highest health disparities who are at high risk for transmission and severe illness due to COVID-19.
- Continue to fund testing partners in four key areas:
  - Covid-19 Testing Vendors (i.e., testing registration, point of service, and lab processing vendors, or the partnership of primary vendor and subcontractor(s) who can provide the full set of services). These vendors may apply to provide services at stationary

community testing sites and mobile testing sites, including testing in Long Term Care Facilities (LTCFs).

- Community Health Centers and Primary Care Medical Clinics who serve the Medi-Cal, HealthPAC, and/or uninsured populations and are looking to expand testing for their population and the public.
  - Hospitals seeking to partner with the County to provide testing in Long Term Care Facilities and other congregate settings.
  - Labs that can provide COVID-19 lab processing to expand the capacity of the County Public Health Lab.
- Align community testing, outreach, health promotion and education, prevention, and vaccination as a strategy for making resources more accessible.
  - Review and update as needed the County-City COVID-19 Testing Partnership Framework to guide testing collaborations with cities.
  - Explore public-private partnerships that support mitigation of COVID severe outcomes in target populations, such as homeless and long-term care facility residents.
  - Leverage Community resiliency partners to support ongoing access to testing resources in priority neighborhoods and settings.
  - Coordinate with healthcare systems to ensure availability of testing to their members, ensuring public health resources are available to those most impacted.

**Strategy 2.2: Investigate cases and outbreaks as needed.**

- Continue supplying sufficient data and tech support for decision making and direction setting of case investigation efforts. Support case investigations in settings at risk of severe outcomes.
- Expand the network of trusted partners with strong relationships and cultural/linguistic ties to the community.
- Develop a case investigation and contact tracing training if/when the State discontinues.
- Cross-train case investigators to permit contraction and rapid expansion of the team with changes in the COVID-19 response – i.e., managing complex cases, promoting and supporting vaccination efforts, resource navigation, supporting COVID call lines, etc.

*Note: See strategy 1.5 for detailed outbreak list.*

**Strategy 2.3: Isolate people who test positive for COVID and follow current guidelines for quarantine of contacts.**

- Maintain the Public Health Department’s Community Support team to identify and/or create community resources needed for appropriate isolation and quarantine (link to deliveries of food and medicines, isolation supplies, health insurance, access to alternative living arrangements when isolation in the home is not feasible, etc.). Link people impacted by COVID in priority neighborhoods to existing services and supports wherever possible.

- Isolation and Quarantine Hotel rooms will continue to be provided to COVID+ cases to safely isolate when unable to in their homes.

**Strategy 2.4 Ensure equitable and ethical access to medication and therapies.**

- Implement rapid testing centered strategies to ensure access to treatment in the first five days of infection.
- Distribute therapeutics such as antivirals and monoclonal antibody therapies, vaccines and other biomedical prevention and treatment options as available and needed, especially for the uninsured and underinsured.
- Retain strong relationships with clinical providers (including the community health clinics), community- and faith-based organizations, schools, policy makers at local, State, and Federal levels, and the media to assist with addressing access challenges.
- Expand access to telemedicine screening for greater access to therapeutic treatment for communities that need barriers to treatment lowered, including uninsured/underinsured residents.
- Review current literature on long-COVID and provide training and education to raise awareness among health providers for residents with long-Covid.
- Link residents with long-COVID to appropriate health care resources.

**Strategy 2.5: Link Alameda residents who test positive for COVID to housing resources and provide housing to those with no other options.**

- Continue to provide short-term housing (Isolation and Quarantine Hotel) as part of the ongoing emergency response to COVID-19 to individuals positive for COVID who are actively symptomatic and require isolation support due to inability to isolate safely.
- Provide 211 or other housing information as available to COVID cases through the community support team.

**Goal 3: Redress COVID-19-related and other health conditions racial/ethnic health disparities.**

Racial differences in COVID-19 outcomes stem from inequitable access to a broad range of resources that enable people to be healthy, such as: health insurance and quality healthcare; adequate income and employment benefits (like paid sick leave); food security; affordable, healthy housing; clean air and water; and safe, well-resourced neighborhoods. Alameda County’s response to the COVID-19 pandemic will continue to place equity at the center by targeting direct services (testing, vaccines, treatments, and investigations) to those communities disproportionately impacted by the disease, as well as addressing underlying causes of disparities such as access to health care, quality housing, food and other supports needed to lead healthy and productive lives.

**Strategy 3.1 Track epidemiologic trends by race/ethnicity, SES, gender, sexual orientation, zip code and age.**

- Maintain a web-based dashboard that is available to the public with the most current data available on COVID testing, case rates, outbreaks, and vaccination rates.
- Continue to update and provide data analysis to guide strategic planning and rapid decision making.

**Strategy 3.2 Target COVID-19-related services to communities shouldering disproportionate disease burden.**

- Conduct weekly meetings with data analysts, testing, vaccination, and outbreak teams to identify areas in need of rapid response and to inform future strategies.
- Attend monthly meetings with community navigators and the Community Advisory Group to receive feedback and recommendations on setting priorities.
- Prioritize services and support to reduce and eliminate gaps between racial and ethnic groups. This includes:
  - Using geographic assessments to prioritize where COVID services and support are placed. This includes using either or both Healthy Places Index (HPI, census tracts), and Vaccine Equity Measures (VEM, zip codes) to prioritize.
  - Identifying communities with high transmission, low vaccination rates and low or no access to health care services.
  - Identifying areas with older adults who are more susceptible to negative health outcomes.

**Strategy 3.3: Identify and address root causes to disparities in COVID-19 and other health conditions.**

- Ensure undocumented and mixed-status families are eligible for support services and resources.
- Advocate for policies and programs that address root causes of health disparities: universal basic income, paid sick leave, universal health insurance, living wage, work-place rights for essential workers.
- Link Alameda County residents to healthcare benefits.
- Support distribution of free essential goods like PPE, diapers, clothes, fresh produce, and other necessities.
- Work across sectors to adopt policies that will expand renter protections and affordable housing solutions.

**Strategy 3.4: Support and advocate for funding to community-based organizations led by and serving people shouldering disproportionate disease burden.**

- Leverage community assets by funding community-based and -led organizations to reduce and/or remove healthcare services barriers and to scale up culturally competent and linguistically appropriate services.
- Meet regularly with community partners to identify service gaps and strategies for quality improvement.

**Strategy 3.5: Ensure that all services are accessible, of high quality, culturally competent and linguistically appropriate.**

- Coordinate with vested community health workers such as promotores.
- Incorporate culture-specific attitudes and values into health promotion tools.

- Develop and utilize materials that include family and community members in health care decision making.
- Coordinate with local clinics in geographic areas to provide easily accessible services for communities disproportionately affected by COVID.
- Ensure that both oral and visual communications are provided in a language accessible to residents throughout client engagement encounters. This includes providing interpretation and translation services as needed.
- Provide direct services during hours accessible to working families.
- Establish feedback loop with community partners to assure cultural relevance and accuracy of communications and materials provided in the COVID response.

#### Goal 4: Strengthen, align, and evaluate public health infrastructure.

Strengthening public health infrastructure means expanding technical, administrative, organizational, and analytic capacities to nimbly execute and evaluate population-level programs on an ongoing basis. Public health infrastructure includes community (CBOs, FBOs, community clinics, health advocates), surveillance (epidemiologic and behavioral), testing, laboratory, communications, research, quality improvement, human resource, and workforce development systems needed to address the health needs of Alameda County residents. It also means ensuring that both the public health department and partnering communities can rapidly and effectively respond to prospective public health emergencies.

The Alameda County Public Health Department is utilizing Results-Based Accountability (RBA) to track quantity, quality, and impact of the work in the COVID Division and its respective sections. Each section, including but not limited to Case Investigation & Contact Tracing, Testing, Vaccination, and Outbreak Investigation is charged with identifying performance measures for monitoring progress. Performance measures will be reviewed by the COVID Division team in monthly workshops to assess what activities are working well and where opportunities exist for improvement. The information and learnings derived from RBA will then be shared broadly with internal (department and agency) and external (Board of Supervisors and community) stakeholders to report progress of ongoing response efforts.

#### **Strategy 4.1: Building on the lessons learned from COVID, strengthen the capacity of people, technologies, and systems to address current and future issues that impact the public’s health.**

- Expand Point of Care Testing resources, education, and training in special settings.
- Integrate COVID Division strategies and services into the Division of Communicable Disease Control & Prevention (DCDCP) in the Public Health Department.
  - Design workforce integration plans for all COVID Division Units that will maintain a coordinated, county-wide response.
  - Develop integrated prevention and education strategies across COVID Division Units.
  - Develop integrated roles across case and outbreak investigation units of the COVID Division.
- Expand capacity to develop materials and education campaigns for diverse communities, including in multiple languages.
- Leverage technology to increase individual level engagement in prevention and health education information making.

- Expand ACPHD’s capacity to reach people with limited access to computers or the internet.
  - Assess the Treatment/Education/Outreach pilot program for expanded use.
  - Incorporate strategies similar to the Direct Outreach to Our Residents (DOOR) program into other prevention and disease mitigation strategies.
  - Engage the Community Support team in reaching out to long-term care facilities to schedule vaccine appointments.
- Enhance information exchanges with community partners and stakeholders.

**Strategy 4.2 Modernize and expand surveillance (behavioral and epidemiologic) and laboratory services**

- Reorganize the Division of Communicable Disease Control and Prevention to be able to rapidly respond to communicable disease outbreaks in Alameda County.
- Identify and secure long-term funding to maintain the new Health Promotion and Community Partnerships Unit in the Public Health Department.
- Design and implement sentinel surveillance of acute communicable and chronic diseases.
- Conduct community research to better understand the social and structural predictors of health including individual- and community-level factors associated with resilience.
- Coordinate effective data sharing across HCSA departments.

**Strategy 4.3 Expand program evaluation and community research capacities**

- Hire additional community researchers and program evaluators.
- Initiate community-based participatory action research projects.
- Support systematic program evaluation projects.
- Develop and build Public Health and Academic Partnerships to increase investigative capacity.

**Strategy 4.4 Continue to use data to drive decisions.**

- Communicate regularly for situational awareness and planning with the seven Bay Area health jurisdictions that collectively develops shelter-in-place orders for the region.
- Coordinate with regional health officials through the Association of Bay Area Health Officers (ABAHO), to share information, coordinate actions and communications regionally.
- Monitor [Alameda County COVID-19 indicators](#) and State Monitoring Project indicators.
- Expand and develop robust and integrated data sharing capabilities with HCSA Health Service Informatics Unit.
- Collect and report data on race/ethnicity wherever possible.
- Build and support data intelligence functions in the COVID Division.
- Review and revise as needed thresholds for sector closing or opening decisions.

**Strategy 4.5 Meaningfully engage communities most impacted by COVID-19.**

- Hold calls as needed with cities, including mayors, councilmembers, and city managers to provide situation updates and hear feedback on plans for moving forward.
- Hold Operational Area briefings calls as needed that include emergency managers from cities, higher education, regional parks, and various special districts.
- Provide subject matter experts to participate in virtual town halls hosted by cities, chambers of commerce, and other organizations.

- Hold regular calls with multiple stakeholders to build partnerships for community engagement, including health care providers to coordinate surge planning and clinical policies; shelter providers to coordinate resources and guidance; and faith-based communities to offer updates and technical assistance for safe reopening.
- Review and revise as needed the County-City COVID-19 Testing Partnership Framework to guide testing collaborations with cities.
- Expand the Health Equity Team to ensure the infusion of equity considerations across all health responses, including in areas of data collection and reporting, case investigations and contact tracing, information and guidance, testing, vaccination efforts, and community engagement.
- Participate with existing City and regional meetings to provide updated COVID-19 information and receive feedback.
- Host regular Community Resilience Coalition and Community Navigator meetings to receive community feedback and report on updates to guidance and data.
- Deploy community engagement plan that focuses on reducing disparities and improving messaging and resource coordination for African American, Latino, and low-income communities hardest hit by pandemic.

**Strategy 4.6: Support and advocate for funding to maintain community-based emergency response partnerships.**

- Expand the bilingual/multilingual staffing capacities throughout HCSA as well as the capacity for timely translation services.
- Ensure ongoing training and professional development opportunities for public health staff.
- Provide technical assistance and peer coaching opportunities to community partners.
- Strengthen technical and organizational capacities of community-based organizations with funding to support core operating costs and costs associated with community-level interventions, including advocacy, organizing, and constituent mobilization.
- Fund community coalitions and community-based centers to provide programs designed to shrink health disparities among people of color and economically disenfranchised people in Alameda County.

**Strategy 4.7 Support and institutionalize the department’s Disaster Service Worker Corps**

- Create training opportunities to enhance capacity across departments.
- Provide opportunities for shadowing and cross department training.
- Enhance protocols and procedures for staff deployment.
- Provide and support cross-department workshops and brown bag opportunities.

**Strategy 4.8 Expand quality improvement and assurance initiatives within the Public Health Department**

- Engage in quarterly workshops to review outcomes and discuss improvements.
- Integrate with QIA, Emergency Operations Plan, and PH strategic documents.
- Align with CHA and CHIP for whole person care, community engagement and coordinated direct service provision.
- Support equitable hiring practices across PHD programs focused on PH mission and COVID Vision.
- Support immediate augmentation of infrastructure.

**Strategy 4.9 Ensure language access and culturally relatable services across the agency**

- Adapt materials to be responsive to the values and language of different groups.
- Ensure access for bilingual and monolingual non-English speakers across all PHD services.
- Expand capacity to develop materials and education campaigns for diverse communities, including in multiple languages.