Alameda County
COVID-19 Vaccine
Community Advisory Group

COVAX@acgov.org

Meeting 18
December 14, 2021
The following presentation has interpretation in Spanish.
To start this function:
1. Click the Interpretation icon, the globe or world symbol
2. Select Spanish as your language

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... For iPhone and Mac
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Agenda

1. Housekeeping & Welcome
2. Partner Updates
3. County Updates
   1. COVID Epidemic
   2. What is the Finish Line?
4. Emergency Medical System Redesign
5. Panelist Comments/Q&A

Panelists:
Please mute your microphone when not speaking

Everyone:
Please ask your questions in the Q&A box
2. Partner Updates

Regional Pacific Islander Task Force
3. County Updates

Donata Nilsen
Dr. Nick Moss
Tuere Anderson
Epidemic Data Key Points

• Daily case rate is 7.7 per 100,000
• Test positivity is 1.5% overall and in first HPI quartile
• Hospitalized COVID cases 59; ICU 16
• ~12,000 lab tests per day
• Case rates rising nationally
• CA rates may be increasing now
New Alameda County COVID-19 Cases by episode date

Includes City of Berkeley
Source: CalREDIE Data Distribution Portal download December 9, 2021
Omicron Variant Update

• Appears to infect previously infected people & vaccinated people
  • Booster doses appear to improve protection
  • More infectious than Delta
• Not yet known how much severe disease Omicron will cause
  • Will vaccines/boosters prevent severe disease?
  • Not yet known how different age groups will be impacted
• We expect Omicron to spread widely in US
  • Even if milder, there is risk for overwhelming health system
  • No local transmission yet documented from recent Omicron wedding outbreak
  • Still mostly Delta in US through early December
Booster Doses Data 12/13

- 443,205 boosters given
- 35% of all fully vaccinated
- 43% of those 50-64
- 63% of those 65-74
- 64% of those 75+
VACCINATION DATA

By Zip Code

https://covid-19.acgov.org/data.page?#vaccination
COVID-19 boosters recommended now for people ages 16 and up

- CDC, CDPH now recommending a booster 6 months after vaccination for ages 16-17
  - Only Pfizer vaccine authorized for 16-17s

- Boosters **strongly recommended** for anyone 6 months from mRNA or 2 months from J&J
  - See your doctor or local pharmacy
New Statewide Masking Requirement effective 12/15

• California requiring face coverings for everyone in indoor public settings
• Preparing for winter wave, Omicron and protecting communities
• State now matches local masking requirements
  • Local exemptions for vaccinated persons may not be permitted by state – TBD
  • Regional masking metrics will apply again when new state order is lifted
• State school masking policies unchanged
  • Alameda County aligned with state language on youth sports/music on 12/8
Additional State COVID-19 policy updates

• **Beyond the Blueprint Mega-Events update**
  • Beginning December 15th – testing for event entry must be within 1 day of event for antigen tests, and within 2 days for PCR tests
    • Testing already required for unvaccinated people at indoor events >1000 people
    • Testing already recommended for unvaccinated people at outdoor events >10,000 people

• **New CDPH Travel Advisory**
  • All travelers arriving in or returning to California from other states or countries should follow [CDC travel guidance](https://www.cdc.gov/travel)
  • All travelers arriving in or returning to California from other states or countries should test 3-5 days upon arrival
  • All travelers who test positive or develop symptoms of COVID-19 should isolate and follow [public health recommendations](https://www.cdph.ca.gov/).
Staying Safe this Winter

• Get vaccinated
• Get a booster as soon as you are due
• Wear masks indoors
• Stay home when sick
• Avoid crowded, poorly ventilated indoor settings
• Wash your hands
• Test before and after travel and gathering
• Be aware of travel rules and recs
HYPERLOCAL VACCINE MEDIA CAMPAIGN

Alameda County

STATUS UPDATE:
DECEMBER 2021
ABOUT THE CAMPAIGN

DATA-DRIVEN: Ongoing census tract-level vaccination data allows us to continuously focus on communities most in need of information.

COMMUNITY INFORMED: Data is supported by community feedback to engage eligible, yet unvaccinated residents with repeated, tailored messaging to build trust.

DIGITALLY FOCUSED: Paid health media delivered on digital platforms and streaming services can be hyper-targeted to reach specific age, race/ethnicity, and geo-location.
FEEDBACK DRIVES MESSAGE & PLACEMENTS

1. Media Campaign Launch
2. Content refined in real time using audience engagement
3. Continuous stakeholder feedback and data to refine messaging & placement
4. Campaign reaches priority audiences with messaging adjusted to evolving audiences while culturally relevant

Alameda County Health Care Services Agency
Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities
COUNTING ON YOU
Emphasizing reasons for vaccination including gathering, celebrating holidays and occasions, and reconnecting with family, friends, faith communities, and vulnerable loved ones.
KEEP IT REAL
Providing valid, sourced information needed to make informed decisions and then encouraging audiences to use their autonomy.
Continuous Stakeholder Feedback
• Conducted focus groups with at least 60 participants

Digital
• **4.3M impressions** garnered 4,800 click throughs to vaccination sign up page with above average click-thru rate (CTR) 0.11* and on pace to 18M by end of January

Social Media
• In progress on Facebook and Instagram

Streaming Audio
• Radio scripts in production, launching 12/13, will generate 1.3M impressions

In-Language Media
• 10+ hyper-targeted publications launching 12/13, will generate 6.7M impressions

Billboards
• Launching 12/20 in priority neighborhoods

Next up: Galavision TV (Spanish language) and targeted streaming services week of 12/27
Where Do We Go From Here?

Donata Nilsen
Dr. Nick Moss
Where We Go From Here - Current Activities

• Statewide masking requirement --> January 15, 2022
• Continue promoting/messaging vaccinations
• Ongoing COVID Division operations
• Enhanced capacity with coalitions
Where We Go From Here – What to Expect

• Winter wave and possible hospital surge expected

• Omicron will likely spread widely, replacing Delta
  • Expect continued risk especially among unvaccinated
  • Expect spread even in vaccinated and previously infected – hopefully milder

• Vaccination and Boosters are the best tools we have
  • If you are due – don't wait – get the booster!
Where We Go From Here – Where's the finish line?

• There will never be a clear finish line and COVID will not go away
• Pandemic will recede over time and COVID may become more like the flu:
  • Seasonal community spread
  • Occasional outbreaks
  • Severe disease uncommon except in higher risk groups
  • Treatments available
  • Vaccines and boosters will be mainstay of prevention
  • Mask habits?
• ACPHD will continue protecting public health against COVID, indefinitely
Where We Go From Here – Future COVID Division Operations

• COVID Division integration - Acute Communicable Disease Unit
• Individual Case Investigations shift to focus on outbreaks
• Year-Round vaccination
• Response mode to recovery
4. Emergency Medical System Redesign

Lauri McFadden
Aneeka Chaudhry
Alameda County
EMS System Redesign

Community Education, Engagement, and Input

Lauri McFadden, EMS Director
Why are we here?

EMS System (9-1-1 Ambulance System) Redesign
  • Equitable Access
  • Fiscal Responsibility
  • Appropriate Destination for All Patients
  • Sustainability

Now is our chance to make our EMS system better! We need community feedback to accomplish that.

User experience, system partner feedback, and technical regulatory requirements inform the system redesign.
Who is EMS and what do we do?

Alameda County Emergency Medical Systems Agency
• A division of the Health Care Services Agency
• State-designated local emergency medical services agency (LEMSA) for Alameda County

Regulation, Coordination and Oversight of EMS-related:
• Personnel and Training
• Communications
• Ambulance Transportation
• Assessment of Hospitals and Critical Care Centers
• System Organization and Management
• Data Collection and System Evaluation
• Public Information and Education
• Disaster Medical Response
# EMS System: By the Numbers

- **5** 9-1-1 ambulance transport operating areas
  - Albany
  - Berkely
  - Piedmont
  - Alameda
  - Rest of County (Falck)

- **6** Fire/EMS dispatch centers

- **10** Fire Depts
  - First Responder Advanced Life Support

- **14** Interfacility ambulance providers

- **15** 9-1-1 receiving facilities
  - 3 Trauma centers
  - 7 STEMI centers
  - 8 Stroke centers
  - 2 Behavioral health facilities

- **160k** 160,000 calls per year
  - 50% of volume in Oakland
Began Service in June 1990 as Regional Medical Systems which became AMR

Began Service in November 2011

Began Service in July 2019
Biggest Challenges Facing EMS System

- Addressing Community Needs
- System Structure
- Hospital Saturation
- Staffing
- Financial Stability
- One Pathway Model
Current 9-1-1 ambulance response

- 9-1-1 Called by Citizen
- Call Answered and Triaged by Dispatch
- Available Ambulance Sent to Call
- Transport to Hospital
- Patient Care Transferred at Hospital

EMS System Statistics
Envisioned System

1. **Call Prevention Through**
   - Community Education
   - Community Paramedicine

2. **9-1-1 Called by Citizen**

3. **Call Answered and Triage by Dispatch**

4. **Available Resource Sent**
   - Hospital Transport
   - Alternative Destinations
   - Referral

5. **Dispatch Center Clinician**

6. **Telemedicine**
   - Guidance
   - Referral
   - Connection to Resources

7. **Community Paramedic Follow Up**
   - Reduce Readmission to Hospitals
   - Reduce Repeated 911 Activations
**Community Experience - Scenario 1**

*Individual calls 9-1-1 due to ear pain. Feels like previous ear infection. No primary care provider. No transportation to get to hospital to be seen.*

**Current System**
- Ambulance and Fire Department dispatched.
- Patient transport to Hospital Emergency Room.
- Patient billed for transport and ER services.

**Envisioned System**
- Call triaged to telehealth or dispatch clinician.
- Symptoms assessed by RN or MD.
- Potential for prescription if needed.
- Referral for primary care services.
- Patient never leaves home.
- No transport or ER bill.
Community Experience- Scenario 2

9-1-1 called for an adult experiencing a behavioral health crisis. There is no evidence of violent behavior, ingestion, or injury requiring medical intervention.

**Current System**

- Law Enforcement, Ambulance and Possibly Fire Dept responds.
- Individual potentially placed on 72-hour hold.
- Individual transported to John George or Emergency Room.
- Billed for transport and services at destination facility.

**Envisioned System**

- Telehealth or alternative specialized behavioral health response without law enforcement.
- Behavioral Health Assessment and use of Community Health Record to determine links to resources.
- Explore alternatives to 72-hour hold.
- Ability to refer for services or transport to alternate destinations such as clinics, crisis facilities, or to private behavioral health provider.
### System Partner Workgroup Recommendations & Priorities

<table>
<thead>
<tr>
<th>EMS System Financial Stability / Service Reimbursement</th>
<th>EMS Workforce</th>
<th>Evolving Patient &amp; Community Needs</th>
<th>System Performance Benchmarks</th>
<th>Technology</th>
</tr>
</thead>
</table>
| • Leverage variety of funding sources to include IGT, ET3, and potential fees or taxes  
  • Mechanism for continual payer mix and fiscal analysis  
  • Consider financial impacts of different model types | • A public model would be ideal  
  • Focus on staff safety and well-being  
  • Continue workforce protections  
  • Greater workforce input into equipment and ambulances | • Increased legislative engagement to mitigate barriers and create new paths to serve community  
  • Provide better integration of services in a more accessible way  
  • Provide focused attention, education, and training pertaining to populations requiring specialty care | • Ability to evaluate continuity of care from phone call to outcome  
  • Health Data Exchange with Hospitals  
  • More fluid and dynamic approach to call prioritization based on data  
  • Balance response time vs. clinical need vs. outcome | • ↑ interoperability  
  • Operational awareness of all resources not just 911  
  • Telehealth  
  • Text to 911  
  • Dispatch Initiated Triage and Navigation by an imbedded clinician  
  • Better communication between field and hospitals/alternative destinations |
## Redesign Timeline and Next Steps

<table>
<thead>
<tr>
<th>MILESTONES</th>
<th>TIMEFRAME</th>
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</thead>
<tbody>
<tr>
<td>Continued Community Engagement/Education</td>
<td>Through Mid-January 2022</td>
</tr>
<tr>
<td>Additional Input Accepted at: <a href="mailto:EMS.Redesign@acgov.org">EMS.Redesign@acgov.org</a></td>
<td>Through End of Jan 2022</td>
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<tr>
<td>Consultant Process</td>
<td>Complete by End Jan 2022</td>
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<tr>
<td>System Evaluation and Input Analysis</td>
<td>January to March 2022*</td>
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<tr>
<td>RFP Development</td>
<td>March to September 2022*</td>
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<tr>
<td>RFP Release</td>
<td>October 2022*</td>
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<tr>
<td>Completion of RFP and Selection Process</td>
<td>June 2023</td>
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<tr>
<td>New Ambulance Contract Starts</td>
<td>July 2024</td>
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</tbody>
</table>

*Tentative Dates – Subject to Change as Needed*
Thank you for your time!

Questions?

Have input and comments? EMS.Redesign@acgov.org
5. Panelist Comments / Questions & Answers
THANK YOU!

JOIN THE CONVERSATION

@Dare2BWell

STAY INFORMED

Vaccine Community Advisory Board
2nd Tuesday of the month at 5:30 PM
Next meeting: Tuesday, January 11th
covid-19.acgov.org/community-advisory-group

Alameda County Health Care Services Agency Bi-Weekly COVID-19 Updates
Includes presentations & newsletters
covid-19.acgov.org/response

Updates About COVID-19 Vaccines
Find Testing and Vaccine information
covid-19.acgov.org/vaccines