



SAN DIEGO COVID-19 HEALTH DISPARITIES PROJECT

*Adrienne Collins Yancey, MPH, Acting Chief
Maternal, Child, and Family Health Services
Public Health Services*

County of San Diego, Health and Human Services Agency

June 1, 2021





National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-RFA-DP18-1813)

- **Funding for 24 months** to address COVID-19-related health disparities and advance health equity by health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved.
 - Funding Period: June 1, 2021, through May 31, 2023
- **Funding Source**: Centers for Disease Control and Prevention / Agency for Toxic Substances and Disease Registry (ATSDR)
 - Award: \$24,255,805 million

INTENDED PROGRAM OUTCOMES



San Diego COVID-19 Health Disparities Program outcomes include:

- 1. Reduced COVID-19-related health disparities**
- 2. Improved and increased testing and contact tracing** among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities
- 3. Improved state, local, US territorial, and freely associated state health department capacity and services** to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities

PROGRAM STRATEGIES



Composed of four overarching strategies to build infrastructure that address disparities in the current pandemic, and in future responses:

1 Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.

2 Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.

3 Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

4 Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

SUMMARY: STRATEGY 1



Expanding existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 disparities:

Expand testing and contact tracing among populations at higher risk

Expand outreach and services to hard-to-reach populations through increased testing

Vaccine coordination, quarantine and isolation options, and preventive care and disease management

Maintain an Isolation and Support Nurse Helpline

Identify and establish collaborations with critical partners affiliated with populations at higher risk

Support Contract Tracing contracts

Partner with agencies/community organizations that are trusted entities to provide support for vaccinations

SUMMARY: STRATEGY 2



Build, leverage, and expand infrastructure:

Improve data collection and reporting for timely, complete, representative data on testing, incidence and vaccination by race and ethnicity categories

Update WebCMR, StarLIMS, and SDIR

Develop strategies to educate providers, community partners, and programs on the importance of race and ethnicity data

Healthcare provider engagement and training

Community engagement and education reporting communicable diseases

Assess the prevalence of COVID-19 in populations experiencing a disproportionate burden of disease

Pilot Enhancements in Electronic Health Records in Federally Qualified Health Centers to improve reporting of race and ethnicity

Update data infrastructure of clinical partners to ensure alignment with data modernization efforts

Racial and ethnic priority population oversample in serologic survey

SUMMARY: STRATEGY 3



Improving data collection and reporting:

Expand and improve infrastructure related to testing and contact tracing a

Coordinators for PPE/supplies procurement and distribution to high-risk settings

Establish, enhance, or implement leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19

Support Office of Equity and Racial Justice

Convene and facilitate multi-sector coalitions to provide advice, guidance and recommendations for COVID-19

Coordination of COVID-19 Sectors

Live Well San Diego partner management system

Fund Community Health Council projects

Update jurisdictions plans to put in place infrastructures and plans that can support future emergency responses

Develop model language for plans

COSD Climate Action Plan

COSD Environmental Justice Element

Build and expand an inclusive public health workforce to assess and address the needs of communities

Hire Community Health Workers

Support Community Health Worker contracts

Enhance and support communications to increase access to COVID-19 resources

Expand website accessibility

Develop case studies related to County of San Diego health equity work/this grant

SUMMARY: STRATEGY 4



Mobilize partners and collaborators:

Identify and establish collaborations with critical partners to disseminate scientifically accurate, culturally, and linguistically responsive **information** and facilitate access to health-related services.

Partner Relay

Working with Educational Partners

Connecting with the Business Sector

Develop and disseminate culturally and linguistically responsive COVID-19 prevention **communications to dispel misinformation and barriers to mitigation practices** due to mistrust.

Internal County Translation Services for materials

Using Alternative Methods of Service Delivery to Reduce COVID-19 Exposures

Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health interventions that decrease risk for COVID-19.

Prepare Older Adults to Shelter in Place

Increase Direct Market Access for Low-Income Consumers

Build community capacity that includes traditional organizations for testing, contact tracing, isolating, vaccination, and healthcare strategies.

Youth Emergency Readiness Ambassador Program

Promise Zone Partnership

OVERALL PROJECT BUDGET



| Category | Percentage |
|----------------------|-------------|
| Personnel | 38.56% |
| Contracts | 52.95% |
| Other/Indirect Costs | 8.49% |
| TOTAL | 100% |

| Category | % Total Budget | Estimated |
|-------------------------------------------------|----------------|---------------------|
| Strategy 1 | 13.38% | \$3,245,071 |
| Strategy 2 | 16.08% | \$3,900,937 |
| Strategy 3 | 17.55% | \$4,255,766 |
| Strategy 4 | 21.29% | \$5,163,526 |
| Evaluation Contract(s) | 5.83% | \$1,413,552 |
| Administrative, Communication, Evaluation Staff | 4.48% | \$1,087,798 |
| Other Cost | 3.95% | \$957,851 |
| Fringe Benefit | 12.90% | \$3,127,791 |
| Indirect Cost | 4.55% | \$1,103,513 |
| Total | | \$24,255,805 |

BOARD OF SUPERVISORS MEETING



Will docket for June 29, 2021, meeting

Action Requested:

1. Accept funding from CDC for 24-month project
2. Approve issuance of Competitive Procurements
3. Authorize Single Source Contracts

County of San Diego
Board of Supervisors Meeting Calendar

June 2021

| May '21 | | June '21 | | July '21 | | | | | | | | | |
|---------|----|----------|----|----------|----|----|----|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | |

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------------|--------------------------------------|--------------------------------------------------------------------------|--------------------------------------|----------|--------|----------|
| 30 | 31 Memorial Day County Holiday | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 9 AM Board Meeting | 9 9 AM Board Meeting Land Use | 10 | 11 | 12 |
| 13 | 14 9 AM Budget Hearing | 15 | 16 5:30 PM Budget Hearing | 17 | 18 | 19 |
| BUDGET HEARINGS | | | | | | |
| 20 | 21 | 22 | 23 5 PM Budget Hearings End | 24 | 25 | 26 |
| BUDGET HEARINGS | | | | | | |
| 27 | 28 | 29 9 AM Board Meeting 2 PM Budget Deliberations and Adoption | 30 9 AM Board Meeting Land Use | 1 | 2 | 3 |
| BUDGET DELIBERATIONS | | | | | | |
| 4 | 5 | Notes | | | | |

Special District agendas will generally be considered during the weeks of the month as provided in Rule 3(c) of the Board of Supervisors Rules of Procedure.

FISCAL IMPACT



Total Award: \$24,255,805

| FY 21/22 | FY 21/22 | FY 22/23 |
|--------------------|---------------------|---------------------|
| \$1,010,659 | \$12,127,902 | \$11,117,244 |

| Salaries & Benefits | Contractual Costs | Other /Indirect Costs |
|--------------------------------|--------------------------|------------------------------|
| \$9,353,038 | \$12,843,448 | \$2,059,317 |

QUESTIONS?



Adrienne Collins Yancey, MPH

Acting Chief, Maternal, Child, and Family Health Services (619)
692-8430

