

**Santa Barbara County**

**PUBLIC Health**



**D E P A R T M E N T**

**COVID-19**

**Racial, Ethnic, & Socioeconomic Data &  
Strategies Report**

May 28, 2020

# Report on Santa Barbara County's COVID-19 Data Disaggregated by Race/Ethnicity and Socioeconomic Status

## Background

The Santa Barbara County Public Health Department compiled a report summarizing what is known as of May 8, 2020 about the racial/ethnic and socioeconomic characteristics of those who have tested for COVID-19; those that have been diagnosed with the infection; and those that have been hospitalized. The data reports out separately community cases and prison cases.

## Organization of the Report

The report first reviews confirmed **COVID-19 community cases** data by race/ethnicity, age, and socioeconomic status, followed by a similar analysis of COVID-19 associated deaths. Hospitalizations, Intensive Care Unit admissions and length of stay is also presented by age, race, and socioeconomic status. Similar analysis is then presented of **Lompoc Federal Correctional Institute (FCI) confirmed COVID-19 incarcerated cases**. The report concludes with County-wide testing data by socioeconomic status. Following the analysis, data limitations and ongoing efforts to address these limitations are discussed.

## Statistical Notes

Age-adjusted rates are directly calculated per 100,000 population using the United States 2000 population. Standard errors (SE) and relative standard errors (RSE) are noted.

Due to statistical instability when analysis revealed cell counts less than 5 within the report, the values were noted as <5, and percentages and age-adjusted rates were not displayed and denoted with '—'. In addition, when relative standard error exceeded 30%, rates were suppressed.

## COVID-19 Confirmed Cases by Race/ Ethnicity, Age Group, and Socioeconomic Status

Through May 8, 2020, there were 1,022 confirmed COVID-19 cases in Santa Barbara County (SBC), 443 of which were cases within the community and 579 cases within the Lompoc FCI. First, reviewing the confirmed COVID-19 community cases, race/ethnicity data was available for 298 (67.3%) of these cases. Of these 298

confirmed COVID-19 community cases, 68.1% were Latino, 26.5% were White, 2.3% were Asian/Pacific Islander, 2.3% were Black/African American, and 0.7% were American Indian or Alaska Native.

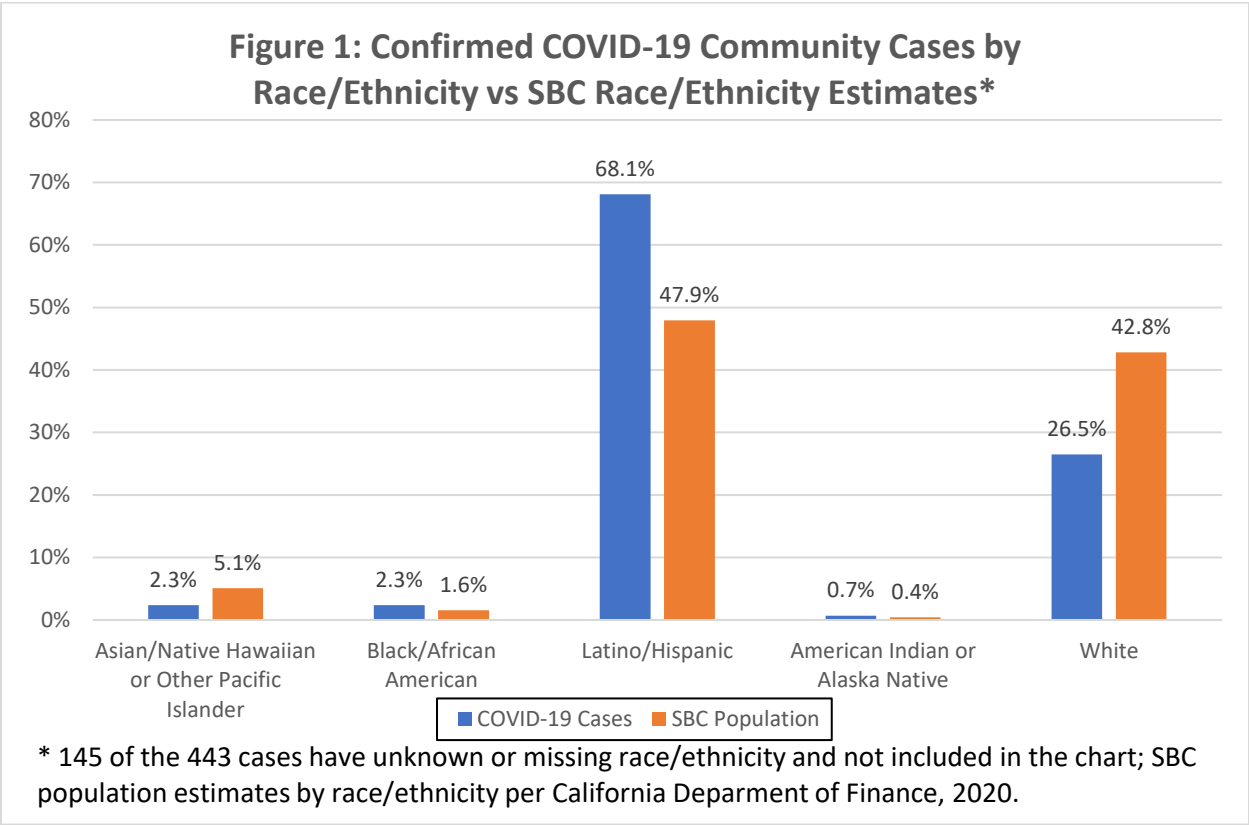
**Table 1** presents race/ethnicity counts and percentages of the confirmed COVID-19 community cases alongside age-adjusted rates per 100,000 in the population. Rates of COVID-19 among Latinos/Hispanics (94.8 per 100,000) were nearly two and a half that of non-Hispanic Whites (37.5 per 100,000). These differences in rates assume that missing data on the race/ethnicity of confirmed cases is randomly distributed across all confirmed cases, regardless of race/ethnicity.

<b>Table 1: Confirmed COVID-19 Community Cases by Race/Ethnicity, Age-Adjusted Rates, through May 8<sup>th</sup> (N=443*)</b>						
<b>Race/Ethnicity</b>	<b>N</b>	<b>%</b>	<b>Age-Adjusted Rate per 100,000</b>	<b>95% CI</b>	<b>SE</b>	<b>RSE</b>
Asian/Native Hawaiian or Other Pacific Islander	7	2.3%	--	--	--	--
Black/African American	7	2.3%	--	--	--	--
Latino/Hispanic	203	68.1%	94.8	81.5-108.0	6.8	7.2%
American Indian or Alaska Native	2	0.7%	--	--	--	--
White	79	26.5%	37.5	28.9-46.1	4.4	11.7%
* 145 Missing or Unknown Race/Ethnicity values are not included in the table; Rates for Asian/Native Hawaiian or Other Pacific Islander, Black/African American, American Indian were not included due to an RSE over 30% and small cell size.						

**Figure 1**

Local data indicates that COVID-19 has had a disproportionate impact on various communities. For instance, when comparing the California Department of Finance County 2020 population estimates, with the 298 confirmed COVID-19 community cases, where race/ethnicity has been identified:

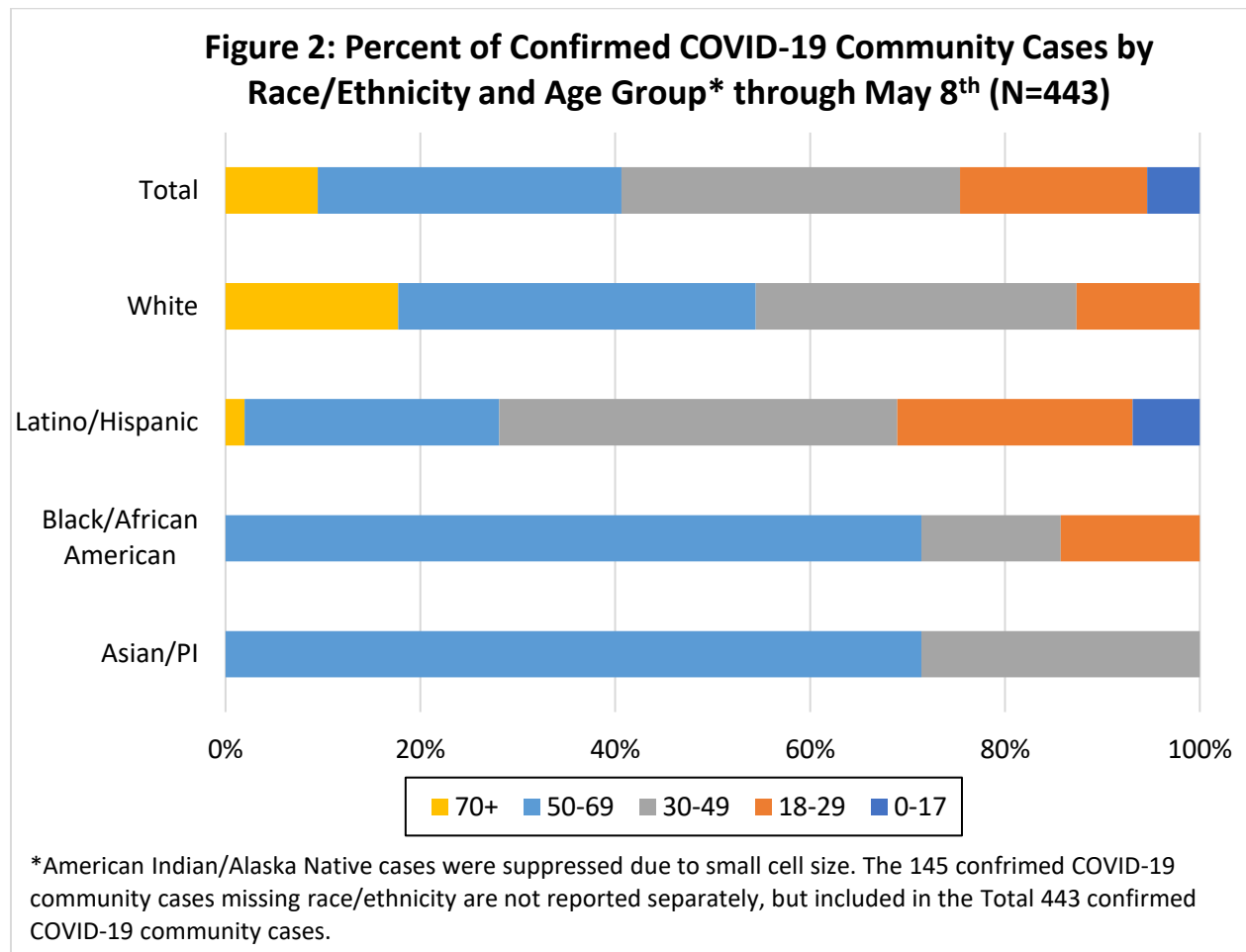
- 68.1% are Latino/Hispanic, despite comprising 47.9% of Santa Barbara County’s population
- 26.5% are non-Hispanic White, despite comprising 42.8% of Santa Barbara County’s population



**Figure 2** depicts race/ethnicity data of confirmed COVID-19 community cases by age group. Data on race/ethnicity was available for 298 (67.3%) of the 443 confirmed COVID-19 cases as of May 8, 2020 and shows that people of all ages can contract COVID-19. Approximately 85% of all the confirmed cases with available age group and race/ethnicity data were among working age adults (18-69 years of age). This highlights the importance of continued social distancing and infection control measures during Phase 2 of re-opening of businesses.

People over age 70 are more likely to have severe illness if they are infected, and less than 10% of confirmed COVID-19 cases were among people over age 70. Compared to this countywide figure, non-Hispanic Whites (18%) had higher percentages of confirmed COVID-19 cases among those over age 70. Latinos/Hispanics (2%), Blacks/African Americans (0%), and Asian/Pacific Islanders (0%) had a lower percentage of confirmed COVID-19 cases among those over age 70 than the county overall. Additionally, Latinos/Hispanics had the highest percentage of confirmed COVID-19 cases among those under 18 years of age (7%).

This percentage was approximately 30% higher than the county percent of cases under age 18.



**Table 2** presents COVID-19 cases by area poverty, which is the percent of residents below the federal poverty level (FPL) in the census tracts of the home addresses of the confirmed COVID-19 cases. Census tract FPL was available for 420 (95%) of the confirmed COVID-19 community cases. Nearly 7 of 10 confirmed COVID-19 cases are from census tracts with at least 20% area poverty. This may indicate that more cases are coming from areas with mixed and lower incomes. Of the 420 confirmed COVID-19 cases with a known census tract, 45% were from tracts with <10% of residents below FPL, 31% were from tracts with 10% to <20% below FPL, 21% were from tracts with 20% to <30% below FPL, and 3% were from tracts with 30% to 100% below FPL. (Refer to Appendix 1 to see poverty level mapped by each census track in Santa Barbara County). Table 2 also displays this data as age-adjusted rates per 100,000 in the population. These age-adjusted rates indicate that those living

in higher poverty areas had higher population rates of confirmed COVID-19 cases: the second highest poverty area (20% to <30%) had the highest rate (141 per 100,000). These differences by area poverty assume that missing data on the census tract FPL of confirmed COVID-19 cases is randomly distributed across all confirmed cases, regardless of where they live. This assumption is likely to hold given the relatively small proportion of missing census tract FPL data for confirmed COVID-19 cases.

Area Poverty	N	%	Age-Adjusted Rate per 100,000	95% CI	SE	RSE
<b>&lt;10% area poverty</b>	188	44.8%	97.4	83.4-111.5	7.2	7.4%
<b>10% to &lt;20% area poverty</b>	132	31.4%	93.7	77.6-109.8	8.2	8.8%
<b>20% to &lt;30% area poverty</b>	88	21.0%	141.1	110.7-171.6	15.5	11.0%
<b>30% to 100% area poverty</b>	12	2.9%	--	--	--	--

\*23 of the 443 confirmed COVID-19 community cases did not have census tract nor poverty level data and are therefore not presented in this table.

### COVID-19 Deaths by Race/Ethnicity, Age Group, and Socioeconomic Status

As of May 8<sup>th</sup>, of the seven deaths recorded with COVID-19 as a cause of death on the death certificate, race/ethnicity was available for all the decedents. Of these 7 decedents, Latinos were impacted at the highest proportion when deaths were analyzed by race/ethnicity at 71% (**Table 3**). Due to a high RSE and/or low cell size, age-adjusted rates by race/ethnicity were unstable and not presented in the table below.

Race/Ethnicity	N	Non-Missing %	Age-Adjusted Rate per 100,000	95% CI	SE	RSE
Asian/Native Hawaiian or Other Pacific Islander	<5	--	--	--	--	--
Black/African American	<5	--	--	--	--	--
Latino/Hispanic	5	71%	--	--	--	--
American Indian or Alaska Native	<5	--	--	--	--	--
White	<5	--	--	--	--	--

\*Data was extracted from Vital Records Death Certificates where COVID-19 was listed as an underlying cause of death.

Due to the small number of deaths recorded as of May 8<sup>th</sup>, in Santa Barbara County, when filtered by race/ethnicity in combination of federal poverty level, the values are too small to report and draw statistically strong conclusions and therefore not presented in this report.

#### COVID-19 Positive Patients Hospitalized, Placed in ICU, and Average Length of Stay (LOS) by Race/ Ethnicity

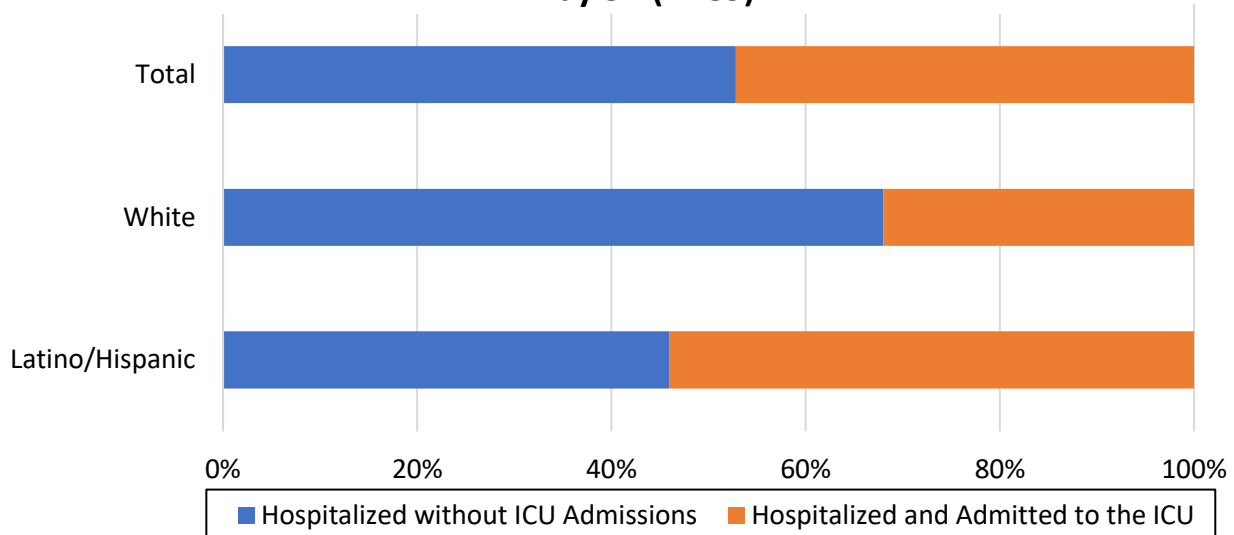
As of May 8, 2020, a total of 89 confirmed COVID-19 patients had been hospitalized in the five hospitals across Santa Barbara County. Data on race/ethnicity were available for 79 (88.8%) of these hospitalized confirmed COVID-19 patients. Over half of these cases (56.2%) were Latino/Hispanic (**Table 4**). As a point of comparison, in 2018, 38% of all hospitalized residents of Santa Barbara County were Latino/Hispanic (source: Office of Statewide Health Planning and Development). The percentages of confirmed COVID-19 hospitalized patients admitted to the ICU varied by race/ethnicity, with 29.6% of non-Hispanic Whites and 46.8% of Latinos/Hispanics admitted (**Figure 3**).

**Table 4: Confirmed COVID-19 Community Cases with Race/Ethnicity\* Hospitalized through May 8<sup>th</sup>**

Race/Ethnicity	Count	% of Hospitalizations
Asian/Native Hawaiian or Other Pacific Islander	<5	--
Black/African American	<5	--
Latino/Hispanic	50	56.2%
American Indian or Alaska Native	<5	--
White	25	28.1%
Unknown	10	11.2%
<b>Total</b>	<b>89</b>	<b>100%</b>

\* Ever hospitalized and COVID-19 positive

**Figure 3: Confirmed COVID-19 Community Patients Hospitalized by Race/Ethnicity\* and ICU Admissions, through May 8<sup>th</sup> (N=89)**



\* Asian/Pacific Islander, American Indian, Black/African American, Other, and Unknown races were not displayed separately due to small cell size, but are included in the Total series.

Of the 89 confirmed community patients that had been admitted to the hospital with COVID-19, 54 patients had been discharged as of May 8<sup>th</sup>. Age was available for all discharged patients. **Table 5** shows that on average, patients over age 69 had the longest average length of stay in the hospital at 14.5 days, followed by the 50-69 year age group with 10.8 days.



<b>Table 5: Length of Stay for Hospitalized Community COVID-19 Positive Patients Who Have Been Discharged, by Age Group*, through May 8<sup>th</sup></b>			
Age Group	Number of Patients	Length of Stay (Days)	
		Average	Range
0-17	0	N/A	N/A
18-29	4	3	2-4
30-49	10	9.4	2-21
50-69	22	10.8	1-45
70+	18	14.5	3-47
<b>Total</b>	54	11.9	1-47

\* Only living hospitalized cases with a discharge date were included in the analysis

The length of COVID-19 hospital stays, in the five county hospitals, was also analyzed by race/ethnicity for patients discharged by May 8, 2020. These results are displayed in **Table 6**. The table shows that Latinos/Hispanics have a slightly longer LOS than other races, but that overall across race/ethnicity the average LOS ranges within 1 day. The average LOS for Latinos was 11.7 days and for Whites 10.7 days, but for Santa Barbara County as a whole, the average LOS was 11.9 days between March 15, 2020 to May 8, 2020.

<b>Table 6: Length of Stay for Hospitalized Community COVID-19 Positive Patients Who Have Been Discharged, by Age Group*, as of May 8<sup>th</sup></b>			
Race/Ethnicity	Number of Patients	Length of Stay (Days)	
		Average	Range
Asian/Native Hawaiian or Other Pacific Islander	<5	--	--
Black/African American	<5	--	--
Latino/Hispanic	26	11.7	2-47
American Indian/Native Alaskan	<5	--	--
White	23	10.7	1-45
Unknown	<5	--	--
<b>Total</b>	54	11.9	1-47

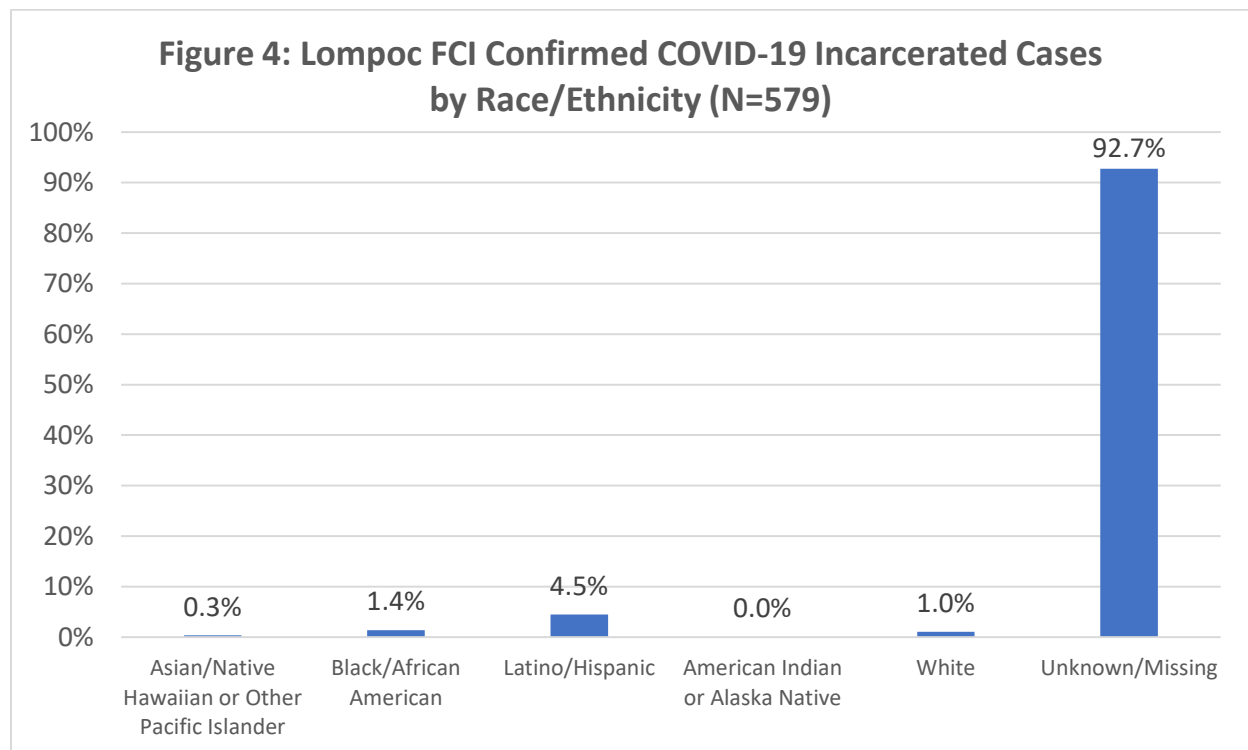
\*Only living hospitalized cases with a discharge date were included in the analysis

## Lompoc FCI COVID-19 Positive Inmates Hospitalized, Placed in ICU, and Average Length of Stay by Race/ Ethnicity

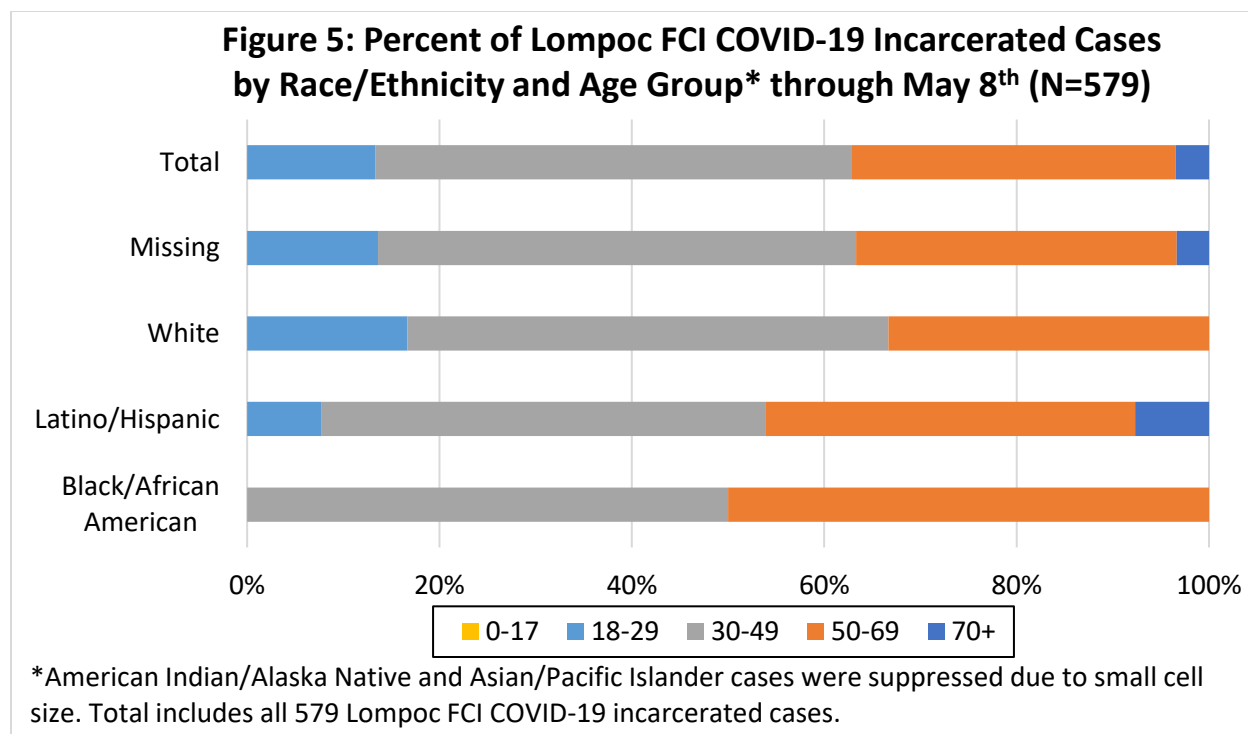
**Table 7** and **Figure 4** show that race/ethnicity information for approximately 93% of incarcerated COVID-19 cases was unattainable. Of the 42 confirmed COVID-19 incarcerated cases with information available, Latinos/Hispanics comprised the highest percentage of cases at 4.5%.

Race/Ethnicity	N	%
Asian/Native Hawaiian or Other Pacific Islander	<5	--
Black/African American	8	1.4%
Latino/Hispanic	26	4.5%
American Indian or Alaska Native	<5	--
White	6	1.0%
Unknown/Missing	537	92.7%
Total	579	100.0%

\*Missing values are due to incarcerated individuals that were unavailable for additional interviews.



Upon reviewing the age breakdown of the Lompoc FCI confirmed COVID-19 incarcerated cases, almost 50% of the cases at the Lompoc FCI are within the 30-49 year age group (**Figure 5**), followed by approximately 34% in the 50-69 year age group. When looking at age across race/ethnicity, non-Hispanic Whites have younger cases at 67% under the age of 50 compared to 63% of the total confirmed COVID-19 incarcerated cases.



Of the 26 incarcerated cases that have been hospitalized as of May 8, 2020, 50% were unable to be interviewed to gather race/ethnicity information by the time of the publication of this report.

Race/Ethnicity	Count	% of Hospitalizations
Asian/Native Hawaiian or Other Pacific Islander	<5	--
Black/African American	<5	--
Latino/Hispanic	8	30.8%
American Indian or Alaska Native	<5	--
White	<5	--
Unknown	13	50.0%
<b>Total</b>	<b>26</b>	<b>100.0%</b>

\*Ever hospitalized and COVID-19 positive

A subset of the 26 hospitalized incarcerated cases have been released from the hospital. Of those 6 individuals, the average length of stay was 4.8 days with a range of 2-14 days. These individuals were between the age of 49-75 years of age.

As of May 8, 2020, there have been two deaths of inmates residing at the Lompoc (FCI) where COVID-19 was listed on the death certificate.

### COVID-19 Testing by Socioeconomic Status

As of May 8, 2020, a total of 8,296 individuals were reported as having been tested for COVID-19 in Santa Barbara County. Area poverty data were available for 6,849 (82.6%) of COVID-19 tests through May 8<sup>th</sup> and are presented in **Table 9**. Following the community trends of those testing positive, nearly half of those tested for COVID-19 were from census tracts with less than 10% poverty. Of the 6,849 tests, 47.2% were from tracts with <10% of residents below FPL, 35.0% were from tracts with 10% to <20% below FPL, 14.5% were from tracts with 20% to <30% below FPL, and 3.2% were from tracts with 30% to 100% below FPL (Table 8). Table 9 also displays this data as age-adjusted rates per 100,000 in the population. Due to overlapping confidence intervals, these age-adjusted rates indicate similar testing rates across all poverty groups. These determinations by area poverty assume that missing data on the census tract FPL of COVID-19 tests are randomly distributed across all tests completed, regardless of home address.

Area Poverty	N	%	Age-Adjusted Rate per 100,000	95% CI	SE	RSE
<b>&lt;10% area poverty</b>	3235	47.2%	1559.9	1505.0-1614.9	28.0	1.8%
<b>10% to &lt;20% area poverty</b>	2397	35.0%	1654.9	1588.3-1721.6	34.0	2.1%
<b>20% to &lt;30% area poverty</b>	995	14.5%	1669.2	1561.8-1776.7	54.8	3.3%
<b>30% to 100% area poverty</b>	222	3.2%	1932.3	1602.0-2262.6	168.5	8.7%

\*1447 of the 8296 tested community members missing census tract are not presented in the table; Laboratory data was pulled from the CalREDIE Data Distribution Portal.

### Data Limitations and Efforts to Address these Limitations

The relatively high proportion of COVID-19 tests and confirmed cases with missing data on race/ethnicity is the result of several systemic challenges. Since March 9<sup>th</sup>, health care providers have been required to report COVID-19 cases, pursuant to California Code, Title 17, §2500. In addition, California testing labs are required to report data on COVID-19 tests through the state's Electronic Lab Reporting system (ELR). However, required data elements for laboratories reporting in ELR, as outlined in California Code, Title 17, §2505 do not include race/ethnicity unlike the provider Code. Because health care providers are aware that labs are required by the State to report all COVID-19 testing through the ELR system, they often do not submit their own lab results to the Public Health Department (PHD). If the labs are the only entity reporting patient results, then race/ethnicity data may not be collected. Even when health care providers do report these cases, the CalREDIE case report does not always have completed data on patient demographics.

To address gaps in race/ethnicity data after ELR and provider CalREDIE data is collected, PHD has included a race/ethnicity and social determinants of health survey in their COVID-19 case investigations. In addition, the PHD is in daily communication with the Sheriff Coroner and Vital Records Office to ensure proper documentation and demographic information is collected for all newly reported deaths related to COVID-19.

### [Other Testing, Data Collection and Research Efforts Under Way or Planned by PHD and Academic Partners](#)

Santa Barbara County Public Health Department has teamed up with the California Public Health Department and OptumServe to increase community testing for COVID-19. Beginning in May, three sites were identified across the County and begun testing any community member that has an appointment. These testing centers are available to all community members, regardless of insurance coverage or their ability to pay, and are fully operational five days a week. The OptumServe contractor shares testing data via their data portal to the Santa Barbara County Public Health Department for further analysis of ongoing community testing.

### [Summary Findings and Planned Response](#)

The results of the analyses of Santa Barbara County COVID-19 data by race/ethnicity, age, and socioeconomic status, indicates that the rates of COVID-19 confirmed cases and deaths are higher among Latinos than among whites, and when hospitalized, acuity and length of stay is also higher in Latinos.

There is a clear association between lower incomes and increased rates of testing and confirmed cases. The data on COVID-19 testing indicates that more persons with lower income are seeking out testing and are testing positive.

Santa Barbara County Public Health Department interviewed initial COVID-19 cases and found that most had private insurance. This may indicate that those with public insurance and those who are uninsured are not being tested.

Fortunately, the number of deaths in the County have been low. Santa Barbara County Public Health Department aims to keep death rates low by expanding culturally competent testing, treatment, and prevention strategies in the Latino population as well as in low-income communities.

## **Strategies for Addressing COVID-19 Disparities in Health Outcomes Among Highly Impacted Populations**

### **Background & Epidemiology**

On December 31, 2019, clusters of severe pneumonia cases were reported in Wuhan, China, and soon identified to be a novel strain of coronavirus that quickly spread within China. By January 21, 2020 the first confirmed case was reported in the United States of an individual that had traveled to Wuhan. Additional U.S. patients had exposure while traveling in other countries or after exposure to individuals who had traveled to affected countries. For the sixth time, the World Health Organization (WHO) declared a “public health emergency of international concern” on January 30, 2020.

As cases increased world-wide and community transmission became apparent, the WHO declared a global pandemic of a novel strain of a coronavirus (COVID-19) on March 11, 2020. Most people infected with SARS-CoV-2, the virus that causes COVID-19, will have mild to moderate respiratory illness such as a cough, shortness of breath, and fever. Those individuals will most likely recover without requiring

special treatment, but older people and those with underlying illness like hypertension, diabetes, chronic respiratory disease are more likely to develop serious illness. <sup>1</sup>

As of May 8<sup>th</sup>, the Centers for Disease Control and Prevention (CDC) has reported 1,219,066 cases across the nation, and within California, 64,561 cases (~5%).<sup>2</sup>

Local data indicates that COVID-19 has had a disproportionate impact on various communities. Of the 298 confirmed COVID-19 community cases, where race/ethnicity has been identified and in comparison with County 2020 population estimates:

- 68.1% are Latino/Hispanic, despite comprising 47.9% of Santa Barbara County's population
- 26.5% are non-Hispanic White, despite comprising 42.8% of Santa Barbara County's population

### COVID-19 & Equity

Historically, communities disproportionately affected by poor health outcomes include racial and ethnic minority populations, as well as undocumented populations, low wage workers, people experiencing homelessness, and incarcerated populations. This disproportionality is primarily the result of longstanding social inequities that include limited access to health care, affordable housing, and nutritious foods. The strategies outlined below are intended to minimize the gaps in the impacts of COVID-19 and will require both targeted and customized approaches for specific communities.

The Santa Barbara County Public Health Department will follow our mission to improve the health of our communities by preventing disease, promoting wellness, ensuring access to needed health care, and maintaining a safe and healthy environment.

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<sup>1</sup> Centers for Disease Control and Prevention. Symptoms of Coronavirus. Retrieved on May 21, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<sup>2</sup> Centers for Disease Control and Prevention. Cases of Coronavirus Disease in the U.S. Retrieved on May 8, 2020 <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

The following efforts have been made based on our principles and departmental values. We have:

- Increased language access by translating many documents into Spanish
- Coordinated translation services with a trusted community partner to enhance messaging to and communication with the Indigenous populations of north county
- Partnered with agricultural companies to increase the safety of their essential employees
- Partnered with medical providers to conduct targeted testing in a more impacted community with limited medical resources
- Provide inclusive and accessible data in graphics and multiple languages.

We continue to ensure the inclusion of those most impacted and work in partnership to center our most vulnerable populations in our decision making. However, to address the disparities in health outcomes related to COVID-19 more can always be done.

## Strategies

In partnership with other County Departments and community stakeholders, the Public Health Department will work to address the impact of COVID-19 on impacted communities. We propose the following strategies for addressing COVID-19 inequities among vulnerable populations:

### **1. Ensure access to testing for highly impacted communities.**

The preliminary data shows that Latinos are more impacted by COVID-19 than other race/ethnicity groups in Santa Barbara County, it is imperative to continue testing within these impacted communities to prepare the community members, Public Health Department, and County leadership on how to support individuals and better understand the relationship between the disease and the lasting effects of COVID-19. Increased testing allows earlier detection and management of the disease and additionally allows for quicker isolation and decreased spread of COVID-19.

### **Recommendations:**



- a. Continue to partner with medical providers and culturally competent community organizations to target testing in harder to reach communities.
- b. Continue to analyze COVID-19 data by geography and demographics to focus testing efforts.

## **2. Integrate testing with care coordination for highly impacted communities.**

In addition to increased testing, coordination of care is important to address among COVID-19 cases. This report indicates that Latinos have a longer length of stay in the hospital when diagnosed with COVID-19 compared to other race/ethnicity groups. Extended length of hospitalization indicates more severe illness that requires additional medical support. Increased prevalence of comorbid conditions and decreased access to care may be factors that influence hospitalization trends among racial/ethnic groups. Those who do not have a primary care provider will need linkage to care. This is especially important for those with comorbid conditions, which puts them at heightened risk for COVID-19 complications.

### **Recommendations:**

When providing assistance to newly diagnosed COVID-19 cases, the Public Health Department will also make referrals to Medi-Cal and primary care. By doing so, confirmed COVID-19 cases will be more likely to be screened and treated for chronic health conditions that could worsen the prognosis of COVID-19 case. Public Health staff will follow-up on those with known comorbid conditions to ensure they have access to necessary care and treatment.

## **3. Facilitate access to other supportive resources.**

As Health Officer Orders for quarantine or isolation are issued, highly impacted populations may encounter additional needs or challenges in following stay at home orders or preventative recommendations. Working in coordination with County departments in the Emergency Operations Center, there is a need to identify the community's needs and to link individuals to

supportive resources. The ability to isolate when ill is a known challenge of those living in shared spaces.

**Recommendations:**

To address this issue, the County will continue to provide isolation and quarantine in non-congregate sheltering for those that are COVID-19 positive, COVID-19 exposed, or in a high risk group, who are unable to isolate safely in their homes or congregate setting. This report highlights the need for such resources, especially among low income and homeless individuals.

**4. Continue to support local and national policies and alleviate the burden of this disease and promote more equitable investment in our communities.**

**Recommendations:**

As temporary telehealth policies will likely remain in place throughout the course of this public health emergency, the Public Health Department Health Centers will continue to provide telephonic and virtual visits to vulnerable populations and has worked to provide equal access to care for these communities.

**5. Provide more inclusive data collection, reporting, and deeper analyses to understand the unique risk and preventive factors among highly impacted communities.**

In order to better understand communities most impacted by COVID-19, the Public Health Department started interviewing confirmed COVID-19 cases. More work is needed to follow-up with every case. As noted in this report, many cases are pending interviews. Once data collection is complete, data analysis will be focused on identifying risk and protective factors. Additional effort may be needed to acquire the missing demographics from the Lompoc FCI in order to present the true burden of disease at the facility.

**6. Contact tracing and tracking.**

Contact tracing is the practice of identifying and monitoring individuals who may have had contact with an infectious person, and is critical to control the spread of COVID-19. Contact tracing is both a time and labor-intensive endeavor that requires interviewing skills, sensitivity, and technology skills. As the number of confirmed COVID-19 cases rise, the need for knowledgeable and trusted personnel to conduct this essential work will be needed.

The Public Health Department has coordinated with County departments to onboard additional staff and have trained several community volunteers to help with this effort. In addition, Family Services Agency is augmenting the contact tracing effort with community-based bilingual and bicultural staff. Using the database SmartSheet and the digital tool CalConnect, provided by CDPH as a pilot system, contact tracing has become more efficient throughout the course of the pandemic. CalConnect is a case management system that will aid in tracking contacts of confirmed cases and isolate them before they become symptomatic.

#### **Recommendations:**

- a. Continue to work with Community-based organizations in contact tracing of hard-to-reach populations.
- b. Increase the number of culturally competent interviewers in Latino/Indigenous populations that are more at risk.

#### **7. Strengthen and tailor communication strategies to increase language access and conduct more robust outreach, education, and community engagement.**

Information should be accurate, culturally appropriate, action-oriented, and accessible.

## **Next Steps**

**Ensure those at high-risk for COVID-19 have access to health insurance, primary care, and safety net programs.**

- Promote utilization of Public Health Department's Health Care Centers and Benefits and Referral Center to connect individuals with care and access to Medi-Cal and other public programs.
- Collaborate with Department of Social Services to facilitate access to the Medi-Cal and CalFresh Healthy Living programs.
- Work with Public Health Department Programs, including the Woman Infant and Childrens' program (WIC), for enrollment and access to necessary and important benefits.

### **Continue to expand testing to communities at-risk for COVID-19**

- Use data from this report to identify communities who would benefit from increased access to testing
- Provide technical assistance for Skilled Nursing Facilities with at least one confirmed case, in order for facilities to meet the testing requirements and standards of the California Department of Public Health.
- Plan with Federally Qualified Health Centers, community providers, and community partners to improve testing availability in specific geographic locations

# Appendix 1: Poverty Level by Census Tract

