MEMORANDUM

TO: Community Leaders
FROM: Colleen Chawla, Health Care Services Agency Director
       Kimi Watkins-Tartt, Public Health Director
       Erica Pan, MD, Interim Health Officer
DATE: June 22, 2020
RE: HCSA Covid-19 response to Community Leaders

Dear Community Leaders,

Thank you for sharing your comments and concerns regarding the Health Care Services Agency’s COVID-19 response. We agree that the pandemic underscores the urgency of addressing persistent health and socioeconomic racial inequities observed across our county. The recent tragic events across the country and the community’s response have brought additional focus to the long-standing inequities that exist in our society at the same time that the COVID-19 pandemic is disproportionately affecting those very communities.

We have infused equity principles throughout our COVID-19 response and are committed to doing everything we can to reduce the magnitude of the impact on communities hardest hit by the pandemic. We have accomplished a great deal in the 100 days since shelter in place was instituted: we have issued 14 health officer orders; more than 95,000 COVID-19 tests have been conducted; we have contacted more than 3,600 cases and 7,500 of their contacts; and we have responded to more than 20,000 public inquiries. Our early shelter in place order coupled with the sacrifices our county’s residents made to comply are estimated to have already saved more than 7,000 lives and 70,000 hospitalizations across the county. And, more is needed.

You raise important questions about the availability of testing, the ability to quickly identify cases and their contacts, and the transparency of data and decision-making rationale, particularly as they relate to the impact on communities of color in Alameda County. We appreciate this opportunity to share information on what has been done and what is in process and to have your insights as we continue our planning for further progress in each of these areas.

We are approximately 80 percent of the way to our goal of 3,100 tests per day, including at eight free community testing sites in West Oakland, Fruitvale, East Oakland, Downtown Oakland, San Leandro, Hayward and Pleasanton. Last week we released a $20 million request for qualifications for more testing services. Not only will this increase community testing capacity in our county’s most disproportionately
impacted areas by designating community clinic hubs, but it will also increase our ability to respond to outbreaks with mobile testing and more quickly support highly vulnerable residents of long-term care facilities.

This significant expansion of testing will result in the identification of more cases. Though we have already significantly increased our case investigation and contact tracing staff – from 7 staff responding to more than 80 reportable diseases to nearly 100 focused primarily on COVID-19 – we know that more is needed. Increases in testing, alongside the increased numbers of cases expected as we gradually open the economy, require an urgent reinforcement of our case investigation and contact tracing infrastructure. That is why next week we will be proposing to the Board of Supervisors emergency actions to immediately expand case investigation and contact tracing beginning in the communities disproportionately affected by COVID-19, as indicated by the data.

We are continuously working to refine and improve the quality and integrity of our data. We are working to balance accuracy, timeliness and the public’s right to know, with our obligation to safeguard individual privacy and prevent undue stigmatization. We recently added testing data to our public dashboard and will be making data on outbreaks and other measures available in the coming weeks.

Our data also guide us on decisions about reopening the economy, where we balance the public’s health with the social, emotional and economic wellbeing of our communities. Decisions to open or close different activities and sectors weigh COVID-19 risks against the harms associated with wage and job loss, social isolation, educational loss, delayed medical care, and negative impact on mental health. We measure our progress against a set of local indicators: rates of new cases and hospitalizations, sufficient hospital bed and surge capacity, sufficient testing, sufficient disease containment, and sufficient personal protective equipment for the health care workforce. Each of these indicators is informed by data that we share regularly on our dashboards and in public meetings and weekly updates for partners. We also reassess modeling data weekly to project the impact of changes on COVID transmission in our community on total number of cases and hospitalizations, including impact on hospital capacity.

While four of the five indicators have shown stability or moved in the positive direction over the past two months, the indicator for rates of new cases and hospitalizations has fluctuated. The sharp increases we observed in these rates during May are likely explained by a combination of expanded testing and the initial loosening of the shelter in place restrictions. In recent weeks, case rates have declined then risen again with further increases in testing, while hospitalizations have remained level. With the overall progress on our other indicators and ongoing expansion of our response infrastructure, and accompanying concerns regarding the negative impacts of continued closures, we are cautiously moving forward with incremental opening of the economy with ongoing restrictions and protective measures in place. We continue to monitor the impact of each phase of opening so we can adjust accordingly.

Your letter highlights the need for us to continuously communicate clearly with our community partners about the progress that has been made, what we are planning, and what we can do collectively to continue to protect and engage our community. We would welcome the opportunity to meet with you as early as this week to discuss these important issues in more detail and explore ways that we can best partner together.