

CDC - Coronavirus-19 Public Health Workforce Development Funding (American Rescue Plan Act of 2021)

1. Local Health Jurisdiction Name:

Grant Number: 1 NU90TP922174-01-00

2. EPO has provided the State's overall workplan for the PH Workforce Development funding which includes 8 Goals. Local Health Juridictions should review the State's Objectives, Outcomes and Activities for each of the 8 Goals and then insert the LHJs Objectives, Outcomes and Activities that differ from the State's.

Over the past couple of months, CDPH partnered with LHDs to outline the infrastructure needs to address COVID-19 suppression and recovery for the year after June 15th, developing a plan entitled 2021 Beyond the Blueprint. Building on that planning effort, specific scenarios were outlined that described possible changes to the scope of the COVID-19 response which could be used to prepare CDPH and other Departments. Eight strategic planning goals are outlined in this workplan.

GOAL 1: Deploy effective communications and engagement strategy for ALL Californians that aims to reduce transmission by addressing vaccine hesitancy and employs a harm reduction strategy with a focus on hardest to reach populations and communities at risk.		
Objectives	Outcomes	State Activities
<p>Continue and expand comprehensive communications plan through the following objectives:</p> <ol style="list-style-type: none"> 1. Use surveillance data to inform and update communication messages and modalities. 2. Focus public education & engagement efforts to bolster vaccine confidence and uptake. 3. Enhance public education to employ harm reduction model for ALL Californians. 4. Coordinate community engagement efforts and focus on key messages that support communications objectives for bolstering vaccine confidence, employing harm reduction strategies, and providing direct appointment assistance. 	<ol style="list-style-type: none"> 1. Shift the proportion of undecided by at least 5% from the 15% undecided in June 2021 to Supporters (vaccinated or plan to vaccinate) by 9/1/21. 2. Decrease proportion of populations that have negative perceptions of vaccine efficacy. 3. Increase proportion of unvaccinated people wearing masks indoors by at least 5% by August (based on results of planned survey). 	<ol style="list-style-type: none"> 1. Develop a department-wide data governance, facilitating a department-wide data strategy, and developing and deploying a unified technology platform that will establish interoperability between diverse data sets in CDPH programs. 2. Implement a Policy and Guidance team to work with policy makers in Agency and the Governor’s Office to develop content that is in line with existing and upcoming science and policies. 3. Provide LHDs with current state information and help ensure Californians are prepared for and know how to prevent the virus, plus improve and expand upon existing communications structure. 4. Enhancements to media response, outreach and education, social media, web communications and multimedia communications.

Local Objectives: *Coordinate community engagement efforts and focus on key messages that support communications objectives for bolstering vaccine confidence and employ harm reduction strategies.*

Local Outcomes: *Increase proportion of the eligible population that has received the vaccine by at least 5% in our 10 most highly impacted communities by June 2023*

Local Activities: *Establish strong relationships with communities highly impacted by COVID through consistent staff presence in those communities in order to facilitate prevention and mitigation communications.*

GOAL 2: Achieve community immunity through effective vaccination strategy.

Objectives	Outcomes	State Activities
<p>1. Plan to administer booster based on CDC recommendation – either J&J requires mRNA booster and/or a third dose of the mRNA vaccine is needed due to waning immunity.</p> <ul style="list-style-type: none"> a. Ensure effective communications to public. b. Ensure easy access by expanding provider network. c. Scale support to LHDs and providers with staffing, mobile clinics, communications, and other distribution resources if needed. d. Stand up Allocation team if needed for equitable prioritization and distribution of boosters. e. Ensure long-term care facilities have access to boosters. f. Develop planning and technical assistance for school-based clinics. 	<p>1. Outcome 1: Increase percent of 12-17-year-olds vaccinated with at least one dose to at least 50% by August 30, 2021 and at least 80% by November 30, 2021.</p> <p>2. Outcome 2: Increase percent of all Californians with at least one dose to 80% by November 30, 2021(if vaccination of <12-year-olds approved by then).</p> <p>3. Outcome 3: Reduce race/ethnicity disparities in vaccination rates & increase vaccination amongst African Americans by 10% by October 31, 2021 date.</p> <p>4. Outcome 4: Reduce disparities in at least one dose vaccination rate for 12-years and older HPI Quartile 1 population from 60% to 70% by September 1, 2021.</p>	<p>1. Review publications and other external data regarding vaccine effectiveness.</p>

Local Objectives: *Ensure effective communications to the public about vaccines to improve uptake of vaccine.*

Local Outcomes: *Achieve 80% vaccination rates for 5-11 year olds once vaccine is approved.*

Local Activities: *Targeted community messaging and education to encourage confidence in vaccines through dedicated community engagement staff.*

GOAL 3 and Goal 5: Achieve suppression of SARS-CoV2 transmission and COVID-19 outcomes and Goal 5: Mitigate the impact of variants of concern and high consequence (combined)

Objectives	Outcomes	State Activities
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<ol style="list-style-type: none"> 1. Surveillance for monitoring, early detection, investigation, and response. <ol style="list-style-type: none"> a. Maintain dashboard of cases, hospitalizations, death, and testing positivity, including race/ethnicity and add data by vaccination status as feasible. b. Continue ongoing modeling of proposed scenarios and policy impact c. Monitor spread of existing variants of concern (VOCs). d. Measure emergence of increased transmissibility and/or virulence of VOCs. 2. Develop multi-disciplinary field strike teams (“Cluster Busters”) framework to support Local Health Jurisdictions in managing case outbreak response and increased prevalence of variants. <ol style="list-style-type: none"> a. Utilize existing Testing Strike Team & Contact Tracing structure and adapt to incorporate “Cluster Buster” Framework for deploying contact tracing, testing, and vaccination (including halo) resources jointly. b. Epidemiological support for Local Health Jurisdictions. <ol style="list-style-type: none"> i. Develop epidemiological strike team program to support LHJs/state agencies with investigation and management of outbreaks. ii. HAI Program Infection Preventionist (IP) team to continue to serve as a resource for deployment to healthcare and congregate residential non-healthcare settings (e.g., homeless or evacuation shelters, correctional facilities). iii. Coordinate with Contact Tracing program in launching a link to a virtual agent to distribute contact tracing surveys to individuals who test PCR+, to improve Isolation & Quarantine practices. c. Coordination across teams <ol style="list-style-type: none"> i. Local Coordination Team will coordinate communication with LHJ leadership to identify and confirm the mix of multi-disciplinary teams needed to deploy or engage for technical assistance/resourcing, e.g. Testing, Vaccination, Epidemiological, HAI Program, Contact Tracing. ii. Connect with assigned local coordinator to identify any additional contextual or historical information to increase situational awareness. 3. Deploy mitigation policy and guidance framework. 4. Monitor burden of COVID-19 in children. 	<ol style="list-style-type: none"> 1. Maintain low to moderate levels of community transmission (per CDC levels). 2. Decrease disparities in outcomes between HPI quartiles and race/ethnicity. 3. Maintain relatively lower cumulative death rates per capita in California (e.g.: <10% lower than other large states). 	<ol style="list-style-type: none"> 1. Enhancing the ability to measure the pandemic recovery in near real-time through dashboards and reporting, automated monitoring to increase the COVID applications performance, and streamline message the data exchange and sharing. 2. Continue the work of redirected staff for the last 17 months (since April 2020) to serve as the single point of contact for all Local Health Jurisdiction leadership and key COVID-19 response leads at the city/county level.
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Local Objectives: *Improve access to testing, vaccinations, and community messaging in highly impacted communities. Maintain COVID response structure and readiness to implement aggressive prevention messaging and measures if cases increase.*

Local Outcomes: *Maintain moderate levels of community transmission (per CDC levels). Scale up COVID Task Force response capabilities if cases exceed 30 cases/100,000 population per day.*

Local Activities: *Maintain response readiness within the COVID Task Force, as well as readiness for other emergencies and monitor local metrics. Conduct trainings to maintain disaster service worker readiness. Assist with the integration of COVID response work into existing public health structures. Provide training for staff to improve effectiveness of the response.*

GOAL 4: *Reduce and drive to eliminate racial/ethnic and sociographic inequities amongst all age groups across the key COVID-19 outcomes listed below.*