Dr. Koch-Kumar reviewed new items on the dashboard and explained a new schedule for updating. The overall dashboard found at https://fcdph.org/covid19 (click on the dashboard picture) will be **updated only on Tuesdays and Fridays** starting next week. Data will still be shown by day, but updated only twice weekly to provide greater daily accuracy.

New items are now in the Additional Surveillance tab and the Mortality Review tab. These will be updated every other week.

To the left is the Zip Code and Community list. The column labeled “Estimate Number of Persons Tested” is the minimum number. There could be more based on those in the “unknown” bucket.

DPH is unable to process all the number of cases coming in. We are now testing over 1,000 a day.

DPH plans on changing how hospitalization will be reported. As case counts go up, DPH is unable to get all the information on hospitalization. They will begin reporting from hospital census data. It will tell us how many are currently hospitalized and will be in a daily chart to show what is happening over time.

41% of current cases are under investigation. Dr. Koch-Kumar noted that it looks like the team will not be able to investigate everyone, unfortunately, due to the high number of new cases each day.
The age and co-morbidity charts are updated in the Mortality Review tab. Age 75+ continues to have the highest number of deaths. Those with co-morbidities continue to be the highest area of deaths. Diabetes (41.5% of confirmed deaths) and hypertension (29.87%) are the top two co-morbidities. It isn’t clear yet if diabetes is actually be a risk factor or whether it is just more prevalent in our community.

Dr. Koch-Kumar noted there are always requests for new information, but what is on the Dashboard now is about all that can be done due to staff workloads. There may be an occasional addition to the Surveillance Tab.

Q: Zip code information – is it by residence of the person?

DPH: We try to get the residence. Sometimes it is possible that the zip code is actually the provider. When it comes to the jail, we do not exclude jail cases from the data.

Q: Are we able to keep up the demand?

DPH: We have seen our testing centers developing a priority system because of the growing number. They are prioritizing those with infections.

Q: How are we doing with antibody testing?

DPH: It doesn’t tell you the same thing as a PCR test [nasal swab]. The PCR test tells you whether you are currently infected and can be used to diagnose the person. Antibody or serology testing could tell you from months ago whether you had it. Someone who is actively sick might show as negative. Some of the antibody tests are more accurate than others. There is more than one coronavirus and it could show positive when you didn’t have COVID-19. It is important to do, but it is not what we use for measuring cases.

Q: Are you noticing changes in ages of those getting the virus?

DPH: We are starting to see more in the younger age group. Thankfully, we are not seeing the more severe cases in that age group.
Results for testing are again taking 5-7 days due to the high number.
Q: Some people have shared the need for more efforts in farmworker communities. There are reports of lack of PPE, training, and other protective measures is still an issue. What is the County doing to support specifically rural towns like Selma?

DPH: Researching.

Q: Do we have data on where people were likely exposed? For example, work, restaurants, family, etc?

DPH: Researching.

JUST IN: July 18 testing site at St. Anthony’s Church will need to change locations. To be announced.

Q: Are all the hospitalizations coming from our county or are we taking other counties? Is Kaiser’s ICU full? Do you have information on staffing levels?

DPH: I will research. We do have staffing issues due to quarantine or isolation, but will look up specific information.
Q: What is turnaround time for testing for UHC?

DPH: Don’t know specifically for UHC, but it is now generally taking 5-7 days if not a prioritized case.

**DPH ANSWERS FROM 7-2-20**

1. Is there a recommendation for frequency of testing for essential workers?
   - High risk essential workers, such as those that work in congregate settings like hospitals, SNFs, and jails, should get tested every 2 weeks when there are active COVID-19 cases in the workplace.

2. How long does it take to get results? It depends on the lab, but can take 5-7 days, on average. Currently the labs are at capacity due to increased testing. The State has sent out a priority list to labs for testing. Can they go into work after testing or do they wait two days? If the person is not showing symptoms, they can return to work while awaiting test results and following the protocols of wearing a mask and keeping 6 feet of distance. Does testing on a Friday slow the results notification? Not necessarily. It depends on lab testing capacity.

3. How are we doing on our testing as compared to where we should be? Goal is 1,500 a day and we are at about 1,500-1,700 per day. Things may change due to lab testing delays and a shortage of test kits.

4. Delayed test results are contributing to our spread here in Fresno County. Can you tell us what is being done to shorten this timeline? The delay of a test result is not contributing to the spread of the virus. The behavior of the person waiting for the result could be contributing to the spread of the virus if they are not following protocols. Test results only reflect your status that day.

5. It would be interesting to see a ratio of population/positives via community case map. For example, a community like Laton with 24 cases is really high in comparison to other communities. Our Epidemiology team is working on several projects. At this time what is available publicly will be displayed on the Dashboard.

6. In the future can we get the cases per 1,000 residents? See above. However, this is an easy equation if you would like to do it yourself- Divide total cases by total population and multiple by 1000.

7. Could we know who the liaisons are for the different areas? If you would like to know the name and contact of the liaison working within a specific community, please email Rosemarie or Ana directly, ramaral@fresnocountyca.gov or ancruez@fresnocountyca.gov.

8. Is it possible to get the percent by ethnicity by city? Ethnicity data is not complete so will only be provided at the county level.

9. Is there a way to request mobile testing sites in a particular location? If you have a recommendation for a mobile testing location, please email Rosemarie or Ana directly, ramaral@fresnocountyca.gov or ancruez@fresnocountyca.gov.

10. Why aren’t gyms on the list of closures? Regular exercise is beneficial both physically and psychologically. The State of California is balancing these benefits against the risk of transmission. Exercise is generally an individual activity when compared to bars or restaurants. Those who go to gyms are still required to socially distance and wear masks. Of course, if we see disease spread resulting from gym use, the permission for gyms to remain open could change at any time.

11. There is a concern that “nice asks” aren’t working; “just a few friends” turns into 30-50. What can be done? DPH is developing a second campaign where “social behavior” will be the key in the messages about masking and avoiding large gatherings. Respect, love and empathy will be key words when it comes to these types of messages and avoiding the “asking” word. The Department is also interested in working with CBO’s to help identify residents who have been impacted by COVID-19. Please email Rosemarie or Ana, ramaral@fresnocountyca.gov or ancruez@fresnocountyca.gov.

12. What is Fresno County doing about businesses ensuring face coverings are being worn in indoor public places? Small rural towns and within Greater Fresno (primarily northern/Clovis) area? The Department follows up on complaints from the public and contacts the business to provide education. We also connect with the respective city officials as appropriate. The problem is many businesses get threatened by customers about the mask enforcement.

13. Since there is a spike in COVID cases, do you foresee another future shut down? Anything is possible. It will depend on our healthcare systems’ capacity. The State wants to avoid a return to a total shutdown, but you never know in a worst-case scenario if the healthcare system is overloaded statewide.

14. Can you clarify if organized youth sports (school and club) are permitted to have team drills, training, and practice for conditioning? Yes. Conditioning only. No games or scrimmages yet. Also our local colleges would...
appreciate guidance on athletic team face-to-face conditioning and drill. We are developing guidelines for adult leagues and sports. Colleges can contact David Luchini at dluchini@fresnocountyca.gov.

15. Not everyone in rural areas accesses clinics. What other ways can we get testing? The Health Department is always trying to identify gaps in testing. If you know of a gap in testing in the rural areas, please contact Rosemarie or Ana so that we can address that, ramaral@fresnocountyca.gov or ancruz@fresnocountyca.gov.

16. Does the county have its hospital capacity, for all patients, not just COVID, updated on its website regularly? Not just the ICU capacity. DPH tracks COVID cases because these are an additional unexpected burden for hospitals. Some hospitals have wings that are not used routinely, so calculating true capacity is challenging. DPH is in regular contact with all local hospitals so that we are in a position to respond with additional resources as necessary. The hospital information changes so frequently, it would be difficult to keep up to date. This includes bed availability and staffing availability. It would only be snapshot in time.

17. It would be great to have training on how we as CBOs can best communicate to our constituencies and friends to encourage compliance. I think there’s a lot of research on public-health-crisis-communication that we could benefit from and share widely! Is this possible? DPH usually directs people to the California Specialized Training Institute (CSTI) or FEMA’s Emergency Management Institute. Both of these groups offer a variety of emergency management courses including Public Information Officer Training.

18. How can we support getting the message to young adults? Are there social influencers that can spread the message on social media - Instagram, TikTok? What social media platforms are used by DPH? DPH is actively investigating opportunities to better utilize social media and broaden its message including working closely with the schools as they develop reopening strategies. DPH currently has a YouTube channel. We are exploring the TikTok platform at this time with JP marketing to see what the best way is to reach out to our youth. JP Marketing just finished producing a video with different community influencers and someone from YLI is part of the video. This video is composed of these individuals sending out the message about the importance of masks, social distancing and other messages about prevention.

PUBLIC FUNDING ALIGNMENT – LINDA GLEASON, FRESNO CRADLE TO CAREER

THIS IS WHAT WE ARE DOING TOGETHER

• Aligning public funding to outcomes we’ve agreed we want
• C2C convenes a meeting with a national partner Children’s Funding Project in early June
• Field Teams originating from this call have plans in early development that can be leveraged toward CARES Act
• Within one month, two plans are submitted to the City and County for about $14.5 million.
• We have leveraged over 20 CBOs expertise, infrastructure and trusted relationships
• COVID provided an opportunity to build mutually beneficial work plans and deepened the relationships between CBOs and local government
This is an open invitation to CBOs to become involved. Reach out to Tania at tpacheco@csufresno.edu

The majority of the staff to be hired are from the Latino community.

We also don’t know what the impact is for the African-American and other cultures because they may not have been tested yet.

There are five indigenous languages that will be supported. We also know that our elders are least likely to be tested but most likely to have some of the high risk co-morbidities.

This project can have a long term impact to also provide an added workforce that will help bridge the gaps in the hard to reach communities for other efforts.

Comment: I suggest including equity and outreach in the disability community. The Deaf and Hard of Hearing Service Center is a resource for ASL.

Q: Do we have good information about where people were exposed?

TP: We may not have the correct data, not only through numeric data, but on the ground intelligence.
**UPDATED CHILD CARE PROPOSAL FOR CARES ACT FUNDING**

- Focus on emergency needs and child care provider retention
- TWO components – Child care vouchers and PPE
  - Vouchers for 388 families – 190 City of Fresno, 198 County
    - $1.5+ million City; $1.6 million County
    - **To get on list – families call CVCSN at 559-456-8195**
  - PPE for centers and homes, including license-exempt
    - Important for retention
    - $665,663 City; $593,429 County
- Outreach and training for new providers
  - Deleted due to not being eligible for CARES Act funding
- **Grand Total - $4.8 Million** ($2.4 M City and $2.4 M County rounded)
- City contract in development. County vetting proposal and supportive.

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**ELIGIBLE FOR CHILD CARE VOUCHERS**

- Essential workers in the following sectors, whose total family income does not exceed the current income eligibility threshold and are not able to work remotely (enroll in the order listed):
  - **Essential Worker Priority 1**: Healthcare / Public Health and Emergency Service sectors
  - **Essential Worker Priority 2**: Food and Agriculture, Teachers, education staff, and providers of early learning and care services including custodial, kitchen staff, and other support staff, Workers supporting critical infrastructure, State and local government workers, Communications and Information Technology IT, Energy, Transportation and Logistics, Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical sectors
- Essential workers listed in #2 above, whose total family income exceeds the current income eligibility threshold and are not able to work remotely.
- Income Eligibility Threshold: 85% of State Median Income.
  - Examples – Family size of 1-2 upper limit $5,540/mo, Family size of 4 upper limit $7,069/mo

NEW UPDATE: Contract will go to City Council on July 16 for approval.
For centers and homes that would like to learn more about what is needed to reopen, a meeting will be held virtually in English on July 15 from 4:30 PM to 6:30 PM and in Spanish on July 16 from 5:30 PM to 7:30 PM. Links to register above.

**RESOURCE**

- Home test kit – Pixel.lapcorp.com. They ask for insurance information to bill insurance. If the insurance denies, then they charge approximately $120.