



# AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR  
SEPTEMBER 3, 2020

Supervisor Candace Andersen, Chair  
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen

Absent: Vice Chair Karen Mitchoff

Staff Present: Thomas Warne, M.D., Deputy County Health Officer

Donna Van Wert, Workforce Development Director, EHSD

Julie DiMaggio Enea, Senior Deputy County Administrator

## 1. Introductions

*Chair Andersen called the meeting to order at 1: 30 p.m., announced that Supervisor Mitchoff would not be in attendance, introduced Deputy County Health Officer Dr. Tom Warne and Workforce Development Board Executive Director Donna Van Wert, and reviewed the format/agenda for the meeting.*

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).

*All public comment was taken under Agenda Item #4.*

3. RECEIVE update on most recent COVID-19 developments.

*Dr. Warne: reviewed the many changes that have occurred since the Committee's previous meeting.*

*He was grateful to be seeing a gradual improvement in our situation in Contra Costa County. The State Department of Public Health and the Governor's office became much more involved in setting the parameters for what could be opened, what should remain closed, and what we should be doing to control the virus. There was previously the state monitoring list, which Contra Costa and all the Bay Area counties are on and which has largely determined the level of opening and closing we could do. The State has now stepped up and taken a stronger role.*

*Contra Costa had challenges during July and August in scaling up our testing capacity, investigation and contact tracing very quickly. The volume of testing statewide was overwhelming, making it difficult to get the work done. There were also problems with data reporting that affected every county, but all those bottlenecks have*

*been addressed and the County can now handle the current volume of testing that is needed in order to proceed safely in our daily lives.*

*With more reliable data, we have seen improvement: Total cumulative County cases = 14,212, with approximately 1,000 active cases. Of the 14,212 cases, about 13,000 recovered from the virus. New cases are decreasing: In the last 24 hours there were 68 and yesterday 59, compared to the mid to upper 100s a couple of weeks ago. The case rate per 100,000 people over the last 14 days is also trending down: currently 110 as compared to around 200. That metric will be changed under the new State guidance from a 14-day period to a daily average during a 7-day period.*

*Our testing capacity has increased. Our 7-day average is 231 tests daily per 100,000 people. The positivity rate informs us: if the rate is higher, the virus is spreading faster; if it's lower, we're gaining control. We're now down to an improved rate of 4.8%. The current median turnaround time for test results is 2-3 days as compared to 7-14 days in July and August. Hospitalizations have also decreased from about 100 per day. We've been in the 70s in the last few days.*

*We've been tracking outbreaks in facilities and providing strong support for the skilled nursing facilities and other kinds of care facilities for the elderly and other vulnerable people and those numbers are improving as well. Those facilities are making sure that that everything is done to prevent further spread. We've had a total of 183 deaths in Contra Costa County over time due to COVID. August was, in fact, our deadliest month. During August we had 58 deaths in Contra Costa County and 44 during July.*

*Dr. Warne reviewed the State policy changes. In July and August, we were operating under the State monitoring list guidance. The County loosened some of the restrictions to better align with State guidelines at the time. Then on August 26, we opened some personal care services to include nail salons, certain massage services, outdoor gyms and fitness centers, hotels and short-term rentals for leisure travel.*

*Shortly after that and in anticipation of flu season, the State announced new guidelines in what they called a new blueprint for a safer economy. The guidance applies to all counties statewide and is meant to be robust, understandable and more predictable. The plan has four color-coded tiers of openness, clearly identifying what can and cannot be open for each tier and what data criteria apply to each tier. The two main indicators driving the tiers are case positivity rate and local testing rate. Another important factor is the daily case rate per 100,000 averaged over last 7 days. The State will consider making changes once every three weeks. The tiers are Purple (most restrictive), Red, Gold, and Yellow (least restrictive). Most counties are still in the Purple tier. Counties in this tier have more than 7 cases per 100,000 people, which would be about 80 cases per day. In Contra Costa, we're still over 100 cases per day per 100,000 people. The positivity rate would also need to be below 8% and we can currently meet that metric.*

*Under the State's new blueprint, the County can open indoor hair salons and barbershops, indoor shopping malls with lower capacity and no food courts or other common areas. In order to move from Purple to the less restrictive tiers, it will be*

*important for everyone to do their part.*

*Dr. Warne prefers the new State tier system because it's tied to the most important metrics in terms of how well we're controlling the contagion.*

*He cautioned everyone about social distancing during the Labor Day weekend, since outbreaks had been attributed to prior holiday celebrations.*

*He then moved on to the questions that had been submitted prior to the meeting:*

*Regarding differing rules for different areas of the county, he said that while there is variation throughout the county, the guidelines remain applicable at the county level because people are constantly moving around during their daily lives. If we relax rules in one area of the county, people in more restrictive areas will simply visit less restrictive areas, effectively defeating the safety guidelines.*

*Regarding reopening schools, County Health has been working actively with Office of Education in looking at the school waiver process. All counties are operating under the same state guidance. Our schools cannot generally reopen until our county moves to the Red Tier and maintains that tier for at least two weeks. However, for now, we can consider opening TK-6 grade in certain circumstances. Waivers are currently being reviewed. Four smaller private elementary schools have been approved for reopening and several more are under consideration. Contra Costa is among four counties that currently have some schools open.*

*The thought is that public schools will not contemplate reopening until the county moves into the Red Tier for at least two weeks and with a strong plan for screening staff – at least 25% every two weeks. Schools that reopen will need to make arrangements with private labs for testing. Most if not all teachers have health insurance that should cover the cost of testing, which is decreasing.*

*Regarding reopening schools during the Purple Tier with two cohorts, Dr. Warne said that teachers can work with only one cohort up to 14 students. This might be modified when the County moves to the Red Tier.*

*Regarding COVID testing of tenants for rental housing, there is no county requirement for this. Dr. Warne could not speak to the legality of landlords requiring that their tenants be tested. Certainly, people in group housing may want to test voluntarily.*

*Dr. Warne clarified that a sign about social distancing requirements cannot substitute for a person serving as a pool monitor in a homeowners' association pool. The requirements for a monitor are in the State guidance.*

*Regarding playgrounds, we cannot open them at the present time. They fall under outdoor spaces intended for group gatherings.*

*Regarding reconciling the low death rate with the SIP guidelines, the COVID death rate is not as high as some diseases, but neither is it low. It's higher than the seasonal flu. It's 1.3% with all our precautions and would be much higher without the precautions. If we let it spread, we could expect upwards of 15,000 deaths and*

*hospitals that are overwhelmed.*

*Regarding guidelines for children's team sports, nobody can always absolutely maintain six feet separation. The state guidance that determines which sports and sport activities can be allowed does reference those sports where it is feasible to consistently maintain a six-foot distance. Baseball is included with other hi-touch sports because it involves group gatherings that are considered too risky.*

*Each State Tier lists the percentage capacity allowed for each type of business, e.g. shopping malls at 25% capacity in Purple Tier. Who is included in the capacity count? The State is referring to total occupancy applying to indoor areas, much like the fire code capacity.*

*Businesses will have to figure out how to maintain outdoor operations safely during inclement weather.*

*Medical massage indoors? Currently all massage not involving the face is allowed outdoors. Medically ordered massage therapy can occur indoors. Otherwise, it must be administered outdoors.*

*Heart related deaths. 87 to date in 2020 vs. 30 in 2019 through October. Not sure of the relevance of the question in terms of COVID.*

*Regarding processing of recyclable materials from business operations, this should be done with COVID prevention in mind. Most transmission is airborne and not from touching surfaces. Even so, workers handling recyclables should wear PPE.*

*Chair Andersen invited public comment:*

- Mike McDermott asked how long it will take for the County to issue orders to open churches once we move to the Red Tier. Also, he feared that the County would lose track of playgrounds and thinks we should be modeling from other states that permit playgrounds to be open. Dr. Warne responded that since the State guidance is becoming much more specific, the County is likely to simply defer to the state guidance. An updated health order might not be necessary, or if it is necessary, it wouldn't necessarily hold up the reopening of churches if allowed by the State. He agreed that the State guidance doesn't say much about playgrounds, but they are included in the same guidance as outdoor recreation, campgrounds and pools, so they cannot be opened presently.*
- Tina Sherwin asked for an update on her previous request for more accurate data. She asked that new cases be reported as to the day the sample was collected, not the date that the test result is reported to the county; and that all deaths be recorded on a date the death occurred and not the date reported to the county. She asked when we can expect to see hospitalization data displayed by age group, just like the deaths. If the County doesn't have 100% of the ages of hospitalizations, she suggested creating an unknown unknown category as exists for gender, race and ethnicity cases. She asked what Dr. Warne thought of the Governor ignoring the CDC guidelines to only test patients with symptoms and not test those with no symptoms or risk factors. Dr. Warne responded that the County is working on getting the data to that point and the State is also working on the next generation of data reporting. He said we continue to work*

*with hospitals to gather data that is not required for reporting to the State, but that data is not yet consistent. Regarding the CDC guidelines, he said that most of the public health community has chosen not to align with the CDC on testing only the symptomatic since the virus can be transmitted before symptoms manifest.*

- Susan Morgan thanked Dr. Warne for his work on the subcommittee and for speaking at the Special Districts Association meeting.*
- “Unlimited” said that the COVID-19 virus is a hoax and has killed fewer people than the common cold. He claimed that preventative measures have done nothing, and he discredited data reported by the County. He said the destruction of small businesses and the family way of life is equal to domestic war crimes. He said the State’s four tiers is nonsense and people should be free to go about their lives. Dr. Warne disagreed with these statements.*
- Eileen Villamil, a registered nurse, asked about waivers for middle schoolers and high schoolers. She discussed the emotional toll of the COVID restrictions on this age group. She also asked why all hospital inpatients are not required to be tested, particularly those coming into emergency care. Dr. Warne responded that isolation is a concern and risk but necessary to save lives. The best we can do is curb this virus soon to improve our numbers and move to lower tiers. He said the County’s recommendations all along has been that hospital patients be screened and tested.*
- Barbara Csider asked why the Committee meetings are scheduled during the workday, which might preclude some people from participating. Only 66 of 1.1 million people are in attendance. She asked for an opportunity to refute or get clarification on responses to questions that were answered. She spoke to COVID impacts other than direct health impacts. She raised issues about the impacts on students. Chair Andersen explained that Committee meetings are scheduled during the workday because the meetings involve staff and other officials whose job it is to participate in these calls. The Committee provides an opportunity for those who cannot attend to submit questions ahead of time and view meeting records and videos on the County website.*
- Doug Heffernan asked three questions: if a COVID-19 vaccine will be mandatory, if a person with COVID who dies in a car accident is reported as a COVID death, and why daycares are open, but schools are not. Dr. Warne said that a vaccine will likely not be mandatory, but that determination has not yet been made and would be made at higher levels of government than the County. Our messaging will be to encourage people to get vaccinated. A car accident victim with COVID would not be counted as a COVID death. COVID must have contributed to the cause of death in order to be counted as a COVID death. Daycares can be open based on the state guidance broadly, but the rationale behind it has a lot to do with levels of risk for different age groups and different size sizes of groupings of children.*
- Len Schultz appreciated the clarification on sports limits but asked that baseball not be put in the same category as hi-contact sports. He thought baseball could be done safely with some small changes. He asked who he needs to work with to make such a proposal. Dr. Warne responded that this would be a reasonable conversation, to create subgroupings of sports based upon degree of risk. This conversation would need to occur with State officials and suggested leveraging a higher-profile voice such as a Little League Federation, to get the attention of*

*State officials.*

4. RECEIVE presentation entitled, "Equitable Economic Recovery Task Force", attached, on the impacts of the COVID-19 pandemic on households, local industry and businesses, and a proposed roadmap to recovery.

*Donna Van Wert presented the staff report, which was accepted by Chair Andersen. No public comment was offered on this item.*

5. RECEIVE and APPROVE the Record of Action for the August 13, 2020 meeting.

*Chair Andersen approved the Record of Action for the August 13, 2020 meeting as presented.*

AYE: Chair Candace Andersen  
Other: Vice Chair Karen Mitchoff (ABSENT)  
Passed

6. The next meeting is currently scheduled for September 17, 2020.

*Chair Andersen confirmed the next meeting date of September 17.*

7. Adjourn

*Chair Andersen adjourned the meeting at 3:10 p.m.*

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For Additional Information Contact:

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