



SLFRF APPLICATION

MAY 24, 2022

AMENDED JULY 27, 2022

*Davis County Health Department
Drive-Through Vaccination Clinic*

Requested: \$403,506

ARPA SCOPE OF WORK WORKSHEET

1. Overview

Federal Award Grant Name	Coronavirus State and Local Fiscal Recovery Funds (SLFRF)
Federal Assistance Listing Number	21.027
Subrecipient Name	Davis County Health Department
Subrecipient's UEI or EIN	87-6000297
Subaward Start Date	March 3, 2021
Subaward End Date	July 2, 2021
1. Amount of Federal Funds Obligated in this SOW	\$403,516
2. Total Amount of ALL Federal Funds Obligated to Subrecipient from Davis County (including this SOW)	\$3,403,516
Federal Award Agency	US Department of Treasury
Pass-through Entity	Davis County, Utah
Awarding Official	Name: Curtis Koch Title: Davis County Clerk Auditor Address: Davis County Admin Building 61 South Main Street Farmington, Utah 84025 Phone: (801) 451-3491 Email: Ckoch!co.davis.ut.us
After Approval by Davis County Commissioners	
Primary Contact	Name: Diana Reich Title: Division Director Contact Address: 22 State St 2 nd Floor, Clearfield, UT 84015 Phone: (801) 525-5166 Email: dianar@co.davis.ut.us

2. Expenditure Categories

Eligible Category	1. Public Health
Expenditure Category Number	1.1
Expenditure Category Name	1.1 To administer COVID vaccines through drive-in clinic
<p>COVID Impact Statement</p> <p>The Health Department needed a place to administer a drive-through mass COVID vaccination clinic.</p> <ul style="list-style-type: none"> *The goal was to provide vaccine from a centralized location for all residents. *The centralized location would reduce risk of transmission at point of vaccine administration. *The Health Department facility does not have the space or parking to accommodate clientele out of the ordinary use of business services. *Prior to the drive-through clinic, there was no smooth entrance or access to the facility. *The drive-through allowed people to drive in and be under cover while getting the vaccination as well as while waiting in the recovery area to monitor reactions to the vaccine. *The drive through helped identify people going to the vaccination clinic as opposed to going to the site businesses at the south end of the area which was very important for the economic success of those functions. *A dedicated road and area increased safety measures - no backing up was required and clients could drive straight through. *The drive-through prevented traffic from backing up onto the main roads surrounding the area. 	

3. Staffing

Provide list of staff and time commitments to be allocated to each activity in the statement of work.

Key Staff Name	Title
Brian Hatch	Director of Health
Dave Spence	Deputy Director, Health Department
Diana Reich	Division Director, Health Administration

Any changes in the key personnel assigned or their general responsibilities under this project are subject to the prior approval of Davis County.

4. Performance Monitoring

Davis County will monitor the performance of the Subrecipient against goals and performance standards as stated above. Substandard performance as determined by Davis County will constitute noncompliance with this Agreement. If action to correct such substandard performance is not taken by the Subrecipient within a reasonable period of time after being notified by Davis County, contract suspension or termination procedures will be initiated.

Statement of Work

- *The Health Department needed a place to administer a drive-through mass COVID vaccination clinic.
- *The goal was to provide vaccines from a centralized location for all residents.
- *The centralized location would reduce the risk of transmission at the point of vaccine administration.
- *The Health Department facility does not have the space or parking to accommodate clientele outside of regular business services.
- *Prior to the drive-through clinic, there was no smooth entrance or access to the facility.
- *The drive-through allowed people to drive in and be undercover while getting the vaccination and waiting in the recovery area to monitor reactions to the vaccine.
- *The drive-through helped identify people going to the vaccination clinic as opposed to going to the site businesses at the south end of the area, which was very important for the economic success of those functions.
- *A dedicated road and area increased safety measures - no backing up was required, and clients could drive straight through.
- *The drive-through prevented traffic from backing up onto the main roads.

Description of population to receive assistance

- *All residents in Davis County have access to the COVID response services.
- *The county has 18,631 residents that are considered below the poverty level.
- *35,726 county residents are below the 150% of poverty level ratio.

Description of process to ensure disadvantaged households are provided access to project

- *All individuals have access to the vaccination services when allowable by the federal and state guidelines.
- *Davis County Health Department participated in developing the Utah COVID-19 Vaccine Health Equity Plan and supports Utah's efforts to ensure vaccine health equity.
- *The Davis County public health professionals worked with community partners to ensure disadvantaged households had access to services.
- *Demographic characteristics of vaccine clients were compared to the overall characteristics of the county to identify whether any demographic groups were underrepresented.
- *Training was provided to staff to address hesitancy, myths, misconceptions, and barriers to vaccination in diverse communities.
- *There was targeted outreach in zip codes and census tracts most severely affected by COVID and had social or economic factors that put people at higher risk.
- *Multiple registration options were offered.
- *Multicultural staff helped those who speak other languages.

- *Used multiple data sources to determine those who were most at-risk.
- *There were no monetary charges or insurance billings; the clinic was free.
- *Used the Davis County Health Department 'Public Health Media Campaign & Strategy', attached.
- *Provide accommodations for individuals with disabilities (visually or hearing impaired, mobility challenges, etc.) at vaccination sites
- *Accept many forms of identification
- *Shared transit information for accessing the clinic
- *Offered extended weekday hours and weekend hours
- *We were able to engage with sensitive medical information in residents' most comfortable language and provide culturally and linguistically sensitive vaccination education.
- *We created a Spanish web page dedicated to COVID-19 information.
- *We created a Spanish version of our appointment scheduler so that those who primarily speak Spanish could schedule appointments online.
- *We created a designated Spanish hotline as part of our COVID-19 Information Line (call center). Launched March 11, 2021; 675+ calls as of May 2021.
- *Community Health Workers (CHW), who spoke Spanish, translated our appointment form into Spanish and created resources in Spanish to help educate about COVID-19 vaccinations.
- *DCHD staff provided interpretation services to those receiving vaccinations when materials were not available or yet updated in Spanish.
- *CHW provided interpretation for those speaking Haitian Creole and Marshallese during medical appointments or medical inquiries.
- *CHW provided interpretation and navigation for those speaking Marshallese needing to access birth or death certificates. *CHW provided education, disease investigation, and scheduled vaccination appointments for those speaking Marshallese. *We made the registration process more accessible by having printers at our clinic for those who could not print at home.
- *Homebound requests through an online referral form or calling Senior Services (January 2021-present): 2 Tagalog, 1 Cantonese, 1 Vietnamese, 1 Non-verbal, 1 Greek, 49 Spanish (some Spanish or English in this list), many more in English- can share # if needed
- *CHW connected with Marshallese Facebook groups and the Utah Pacific Islander Health Coalition to increase awareness of vaccination opportunities.
- *CHW worked with local faith congregations to build trusting relationships and be a support for the community (Marshallese congregations).

Physical location where assistance will be provided	Legacy Center 151 S 1100 W Farmington UT 84025
Geographic Service Area(s)	Davis County, Utah
Project Outline	
*Secured facility and paid rent for use of building facilities and items/equipment.	
*Buildings/facilities: Legacy Center, Lot A, Lot B, Lot C, Building #1, and the RV Access Parking/Road.	
*Items/equipment:	

Chairs, sound system, tables, traffic barricades, mats, carts, fans, coolers, pallet jacks, sandbags, chest freezer, data connections, cement block weights, delineator cones, floor fans, portable divider walls, signs, storage room, ticket office, sign mounted trailer, UTV.

*Building of road consisted of concrete materials charge

Project Outcome

*110,209 first doses were administered at the Legacy Center Clinic, meaning Legacy Center operations provided 35% of the county population with at least one dose of the COVID-19 vaccine.

*102,943 second doses were administered at the Legacy Center Clinic, implying Legacy Center operations enabled at least 29% of the county population to become fully vaccinated.

*34,319 booster doses were administered at the Legacy Center, meaning Legacy operations accounted for 94% of all boosters administered by DCHD and provided 10% of the total county population with a booster dose. *Legacy was our primary tool for providing residents with boosters.

*Average Daily Hours for staff:

Lead Community Health Nurse - 10.75 hours

Draw station Community Health Nurse - 9.25 hours Community Health Nurse - 8.25 hours

Lead Health Response Worker - 10.75 hours

Draw station Health Response Worker - 9.25 hours Health Response Worker - 8.25 hours

*On a typical day at the Legacy Center, anywhere from 1,000-1,400 clients were seen.

*On a typical day, roughly 150 cars per hour for eight hours could be seen.

*We provided medical transportation for community members who could not transport themselves for various reasons.

*We provided translation services for community members who speak Spanish, Arabic, Portuguese, Cantonese Chinese, Mandarin Chinese, Tagalog, Japanese, German, Marshallese, and American Sign Language.

*Uninsured families

a. We had a family who tried to receive several covid vaccines in the earlier months of the rollout at a local pharmacy. The family was denied vaccines at the pharmacy; the employees at the pharmacy reached out to the DCHD clinic staff, who were able to provide the entire family with the vaccine at no cost. It was disclosed that the family was not insured within the United States as they were legal residents of Mexico.

*Vaccine Hesitancy

a. Cause varies between populations. Several communities had concerns about receiving the vaccine due to immigration status, misinformation, and lack of knowledge about vaccines. As a county, we provided information that helped combat these roadblocks, such as; providing direct access to healthcare professionals to answer questions, providing staff at onsite locations to address any concerns about vaccine clinics, and providing direct access to vaccines to those in need.

*Olympians

a. We had an opportunity to provide a covid vaccine to an Olympic athlete from Ireland. The runner was a representative of Ireland in the 2020/2021 Tokyo Olympics. Due to the limited availability of vaccines in her home country, she could not receive a covid vaccine in time to

participate in the Olympics. She had traveled to Utah to finish her training in a location that was at a higher elevation. As she was here, we had discussed with her trainer, and we were able to get her a vaccine in time to still participate in the Olympic games. Although she had to pull out of the race at the last moment, she was still able to attend and represent her country.

*Anti-Vaxxers/Death/Reconciliation

a. We have faced many difficulties while conducting our vaccine rollout. We have been called murderers, baby-killers, commies, etc. But this is a story that had a turn of events, and a turn of heart. In its early stages, we had a client come through the Legacy clinic who was a self-proclaimed anti-vaxxer. As she was vaccinated, she revealed that she had contracted the virus and then gave it to both of her parents, who had died. She sat with us in tears, explaining how she wanted to be an advocate for vaccinations because if she had gotten her vaccine sooner, her parents could still be alive. She thanked us each time she came in to get a dose of the vaccine for making a difference and for giving the county citizens the opportunity to be vaccinated.

*Language connects us all

a. A young, deaf family came through the clinic in the final weeks. When they learned that someone in the clinic could communicate with them using American Sign language, they were in tears. The mother was so excited and explained that they postponed getting the vaccine due to inaccessibility and fear of not being able to ask the questions they wanted to.

b. To reach populations in Davis County that have vaccine hesitancy due to community values and beliefs, we found that having members of the community represent and assist with translations allowed these communities to have a more equitable opportunity in our vaccine efforts. We provided a clinic (within our Legacy Clinic) that gave the Utah Pacific Islander Health Coalition the opportunity to bring members of their community to receive vaccinations with familiar faces.

*The CDC visited DCHD's Legacy clinic and praised it as a model for others because it was the best they'd seen nationally. *12% of the doses administered by DCHD were given to out-of-county clients due to its reputation

5. Budget Non-Construction

	ARPA	Other Federal Grants	State Funding	Local Funding, Grants, Donations	Other
Personnel					
Fringe Benefits					
Travel					
Supplies					
Contractual					
Construction					
Other (specify)	\$403,516.00 (rent for facility)				
Indirect Charges					
Program Income					

6. Budget Construction

	ARPA	Other Federal Grants	State Funding	Local Funding, Grants, Donations	Other
Administration and legal expenses					
Land, structures, rights-of-way, appraisals, etc.					
Relocation expenses and payments					
Architectural and engineering fees					
Project inspection fees					
Site work					
Demolition and removal					
Construction	\$11,195.00				
Equipment					
Miscellaneous					
Contingencies					
Project (program) income					

List all obligated funding sources individually and funding amounts for this project.

Funding Sources	Amount	Notes
ARPA	\$414,711	

