



**Addressing the Needs of Communities
Most Impacted by COVID-19:
Strategies in Service of Los Angeles
County's Latino/x Residents**

Revised November 9, 2022

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About this Report

Despite COVID-19's vast spread, the impact of this disease has proven far more devastating for people of color and communities with fewer health affirming resources. This is the second in a series of reports that document the equity-driven strategies used to respond to the needs of communities most impacted by COVID-19. This report focuses on strategies implemented in service of LA County's Latino/x residents, one of several racial/ethnic groups who have experienced disproportionate rates of infections, hospitalizations, and deaths throughout the pandemic. While this update utilizes Public Health's April 2020 [COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report](#) as a framework to highlight work done throughout the pandemic, strategies included in this report also reflect Public Health's real-time response as well as its ongoing commitment to racial justice and social change through use of foundational principles of equity. Of note, this report will be updated periodically to incorporate edits and additional activities from various stakeholders. Substantive edits made to future iterations of this report will be highlighted to make it easier to see what changes were made from the previous version.

The first report in this series, *Addressing the Needs of Communities Most Impacted by COVID-19: Strategies in Service of Los Angeles County's Black/African American Residents*, is available [here](#). The strategies included in this document, directly mirror those included in the first report. However, the implementation and partners engaged in work done in service of LA County's Latino/x residents reflects the feedback and preferences voiced by Latino/x residents and community partners and service providers.

Would You Like to Provide Feedback?

The Los Angeles County Department of Public Health is interested in hearing what you think about this report. Do you have any additional information you think should be included? Are there other efforts we should consider implementing to close the gaps in COVID-19 related health outcomes? If so, please send us your thoughts through the online survey available here: <https://forms.office.com/g/YUWKnVQgWn>

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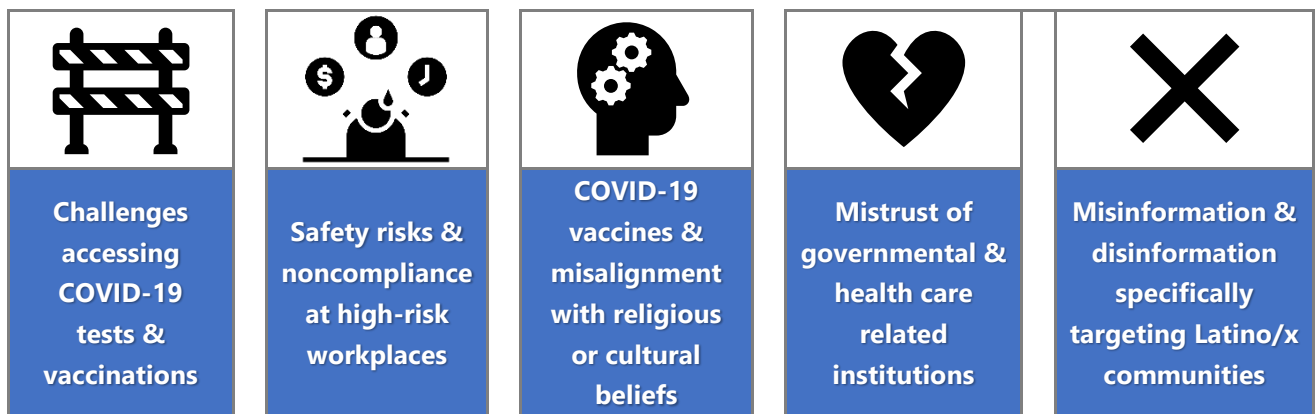
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Executive Summary

This is the second in a series of reports that document the equity-driven strategies used to respond to the needs of communities most impacted by COVID-19. This report features strategies implemented in service of Los Angeles County's Latino/x residents, one of several racial/ethnic groups who have experienced disproportionate rates of infections, hospitalizations, and deaths throughout the pandemic. While this update utilizes the Department of Public Health's (Public Health) April 2020 [COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report](#) as a framework to highlight work done throughout the pandemic, the nine strategies included in this report also reflect Public Health's real-time response efforts as well as its ongoing commitment to racial justice and social change.

Data from the 2020 report revealed the early stages of widening gaps in health outcomes. These numbers have been and continue to be painfully high throughout the COVID-19 pandemic.

The story behind these data is complex and deeply rooted in a legacy of biased policies and practices that have perpetuated both disparities and inequities in health and in the conditions impacting health and wellbeing. During conversations with Latino/x residents and community leaders, themes have arisen that shed light on the challenges to curbing the spread of COVID-19 and increasing levels of vaccination rates in their communities.



These challenges continue informing the strategies used to address the gaps in COVID-19 health outcomes and vaccination rates among LA County's Latino/x communities.

Strategies to Address Disparities in COVID-19 Outcomes

The 2020 COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report was the first time Public Health issued COVID-19 related data by race/ethnicity. The report also included nine strategies that were intended to close the gaps on COVID-19-related health outcomes. Each strategy called for both targeted and tailored approaches among communities highly impacted by COVID-19, including communities of color and low-income neighborhoods.



1) COVID-19 TESTING & VACCINATION: Ensure access to testing and vaccination for highly impacted communities.

Testing and vaccination efforts have required strategic prioritization, large-scale coordination, and flexibility in operations as supplies have gone from limited to widely available; more partners, including community and faith-based groups and schools, have joined the response; and as gaps in COVID-19-related health outcomes have become more apparent. Partner networks established for testing and lessons learned related to equitable distribution of resources, accessibility of services, and the power of peer-led outreach have informed the dissemination of COVID-19 vaccination and therapeutics.



2) CARE COORDINATION: Integrate testing and vaccination with care coordination for highly impacted communities.

Integrating COVID-19-related services into the overall healthcare system has been critical since community members feel more comfortable getting healthcare services at local healthcare access points, including community clinics, primary care providers, and local pharmacies, rather than visiting temporary locations. Aside from their recognizability, these local access points were favored for their use of community-preferred languages and familiarity with residents' cultural practices and beliefs. In addition to creating networks of trusted providers to administer testing and vaccinations, Public Health has worked to weave these services into its day-to-day clinical operations and the overall healthcare delivery system by partnering with healthcare providers, facilities, and health plans.



3) COVID-19 THERAPEUTICS: Ensure access to potential treatments at care sites accessible to highly impacted communities.

Several therapeutics have been approved to treat COVID-19 and reduce its severity. Community members who are at high risk for developing severe disease and test positive, can access COVID-19 therapeutics in a variety of ways across LA County. Similar to vaccination and testing strategies, Public Health has relied heavily on a network of healthcare providers and local pharmacies to share information about and to prescribe COVID-19 therapeutics. Removing barriers to access, including sole reliance on technology for accessing health services, has been key.



4) SUPPORTIVE RESOURCES: Facilitate access to other supportive resources.

A long history of inadequate access to the essential resources that support optimal health and fear of the legal implications of accessing such resources/services, have deteriorated trust in government and health-related entities and resulted in highly impacted communities experiencing higher rates of diseases that put them at elevated risk for severe COVID-19 illness. Improving access to the social determinants of health, including safe work environments and other supports for daily living, has been a key strategy to addressing disproportionality in COVID-19 health outcomes. Public Health has worked with County and non-County partners to facilitate access to resources that support safe operations for essential workers, referrals to services, access to food, and establish trust through longer-term engagement in under-resourced communities.



5) EQUITABLE POLICIES & INVESTMENTS: Continue supporting local and national policies that alleviate the burden of this disease and promote more equitable investment in our communities.

The COVID-19 pandemic and its long-term impacts will continue to be an important issue for our County and particularly for highly impacted communities. People of color and people living in neighborhoods with fewer health affirming resources, have felt the most devastating burden of COVID-19 and will require ongoing investments to support their recovery and healing while preventing the disproportionality and injustice of future events. To address these needs, Public Health will continue its advocacy for employers' standard use of existing policies (e.g., paid time off), sustained funding for strong public health infrastructure and a diverse public health workforce, and equitable investments and policies that offer worker protections, foster family stability, and prepare small businesses for emergencies.



6) COMMUNITY VOICE: Include community voices in our response and recovery plans and develop community-specific action plans to implement recommendations where possible.

Ensuring community-elevated concerns and solutions informed COVID-19 response and recovery plans has been a centerpiece of Public Health's approach. Public Health's strategies to center community voices and recommendations have included:

- Supporting spaces convened by community partners
- Leveraging existing groups convened by Public Health
- Convening new groups based on community-elevated needs
- Ensuring ongoing mechanisms for residents and contracted partners to elevate needs and concerns



7) DATA: Provide more inclusive data collection, reporting, and deeper analyses to understand the unique risk and preventive factors among highly impacted communities.

Data and data analyses are means to illuminating and characterizing the gaps in health outcomes among communities and are just the first step to understanding and addressing the disproportionalities. Providing more inclusive data collection, reporting, and analyses to understand the unique risk and preventive factors among highly impacted communities is a Public Health responsibility. As a result, activities that build Public Health’s data collection infrastructure (e.g., departmental standards of practice) and promote transparency and accessibility of data (e.g., data dashboards) will continue to be top priorities for Public Health.



8) CONTACT TRACING: Provide contact tracing and tracking.

Contact tracing is a confidential process led by Public Health to identify and monitor close contacts for symptoms prior to development of the disease to slow the spread of COVID-19. After being notified by a laboratory or a healthcare provider about a positive test result, Public Health assigns the case to a specialist who conducts a confidential follow-up interview with the case (case investigation). During case investigation, trained public health specialists interview individuals who have a positive lab result to solicit information about their symptoms, risks, possible exposures and others they may have exposed. Specialists provide information on how to prevent further spread and refer patients and contacts with support while they stay away from others. To carry out this core function, Public Health has built a robust training program with the capacity to expand and contract to meet the demand of spikes and decreases in COVID-19 cases. In doing so, Public Health has introduced a new cadre of workers (e.g., Public Health staff, other County staff, CBO partners) to contact tracing, while helping meet community culture and language-related needs and preferences.



9) COMMUNICATIONS & ENGAGEMENT: Strengthen a tailored communication strategy to increase language access and conduct more robust outreach, education, and engagement.

Each stage of the pandemic has required public education and engagement consisting of timely communications that center the unique experiences and concerns of highly impacted communities and deploying a combination of traditional media services (e.g., paid and earned media opportunities in both mainstream and hyperlocal ethnic media) and complementary “on the ground” education and outreach activities conducted through a network of trusted community-based partners.

Next Steps

Around the world, including across LA County, COVID-19 and its devastating effects are now a permanent fixture in everyone's life. While we may no longer be in the crisis phase of the pandemic response, it is important not to lose sight of the ongoing threat posed by the deadly SARS-CoV-2 virus, particularly on those that have suffered the direst consequences, including Latino/x communities. Maintaining the equitable gains laid out throughout this report and continuing to work closely with partners to make more marked improvements in closing the gaps for communities of color and lower income areas of our County, are top priorities for Public Health. To this end, the following actions describe some of the continuous work for Public Health and its varied partners.

Re-stating the goal of the overall COVID-19 response

Public Health remains steadfast in its goal to reduce serious illness and deaths from SARS-CoV-2 and strongly believes it is utterly inappropriate to tolerate disproportionality that results in higher rates of illness, death and long-term disability among some residents and workers when there are collective prevention strategies that can mitigate spread and serious illness. We will continue our focused attention on safeguarding health and fostering wellbeing among our most at risk residents, including older adults, persons with underlying health conditions, individuals living in communities with high poverty rates, people of color, people who are unvaccinated or not fully vaccinated, and workers with many exposures at their job and in the community.

Activities aimed at closing the gaps

Public Health will continue to:

- Support and resource Worker Councils and Worker Centers to ensure that lower-wage workers can organize for health and safety at workplaces
- Invest in health-career pipeline programs that support communities of color and low-income students and residents
- Require health and medical training programs offer multiple opportunities for students to learn about and incorporate anti-racist practices and policies
- Partner with others that are leading efforts to change systems, policies and practices that perpetuate racism, discrimination, and marginalization

Ongoing investments

To carry out efforts that close the gaps in COVID-19 and other disparate health outcomes, Public Health will continue realigning and coordinating its resources to sustain equity efforts and advocating for ongoing investments in support of community partners. Areas of investment and continued advocacy regarding allocation of resources include:

- Easy/barrier free access to testing, vaccinations, therapeutics, and PPE
- Consistent resources to a network of trusted organizations in hard hit communities that are the backbone of public health response; offer support for peer-to-peer programs (e.g., ambassadors, Community Health Workers)

- Protections for workers: ventilation and infection control standards; paid leave for medical care; compliance with PH safety measures
- Requirements to be up-to-date on COVID-19 vaccinations in high-risk settings and/or for those working with populations at high risk for severe outcomes.
- COVID-19 services, in connection with other essential services that address food, income, and housing insecurity
- Support to improve and maintain healthcare providers' ability to provide testing, vaccinations, and therapeutics to their patients
- Additional resources that support improved access to high quality, culturally appropriate health, and medical care in under-resourced communities
- A network of public health neighborhood teams that partner with CBOs and residents in under-resourced communities to address threats to optimal wellbeing

COVID-19 Data

In April 2020, the Department of Public Health (Public Health) issued its first detailed report on COVID-19 related data by race/ethnicity, revealing the early stages of widening gaps in health outcomes.

Table 1. COVID-19 Cases and Deaths, Age Adjusted Rates per 100,000

	April 2020*		April 2022**	
	Latino/x LA County Residents	White LA County Residents	Latino/x LA County Residents	White LA County Residents
Cases	113.6	78.2	25,485.0	13,680.0
Deaths	9.8	5.7	452.0	176.0

*As of 4/26/2020; n=19,516 cases; n=883 deaths (where race/ethnicity has been identified)

**As of 4/26/2022; n= 2,711,207 cases; n= 30,263 deaths (where race/ethnicity has been identified)

In 2022, the age adjusted death rate among Latino/x Los Angeles County (LA County) residents alone is more than two and a half times as high the rate among White residents. These numbers have been and continue to be painfully high throughout the COVID-19 pandemic.

Story Behind the Data

The story behind these data is complex and rooted in a legacy of biased policies and practices that perpetuate disparities and inequities in health and the conditions impacting health and wellbeing.

Root causes of disproportionate health outcomes

When reviewing the geographic distribution of LA County's COVID-19 cases, hospitalizations, and deaths, we see that COVID-19 has impacted nearly every community in the County. Despite COVID-19's vast spread, the impact of this deadly disease has proven far more devastating for people of color and communities with fewer health affirming resources. The disparate numbers are due to several factors, including: more exposures and fewer health protections at work; bringing home COVID-19 infections from work exposures to multi-generational or crowded households; limited access to medical care; stigma and fear associated with accessing care (e.g., due to cost, immigration status, cultural and linguistic barriers); and increased risk of COVID-19 infection with severe outcomes (hospitalization and

death) due to underlying medical conditions (e.g. asthma, diabetes, high blood pressure). While individual behavior plays a role in a person's level of risk, barriers to accessing protective social determinants of health, including a living wage, workplace safety, health insurance, quality housing and education, healthy and affordable food, and safe spaces to recreate and gain social support have widened the gaps.

Disparities in COVID-19 outcomes are an important reminder that the conditions that people work, worship, and live in can place them at much higher risk for both exposure and negative outcomes. These deep disparities mirror the trends seen in other health outcomes. They did not happen by chance and reflect decades of social marginalization, community disinvestment, and the legacy of racism. These inequities create and maintain a persistent and challenging problem that requires collaborative, multi-sector approaches to repair and prevent in the future.

The challenges described below have informed the strategies used to serve communities disproportionately burdened by COVID-19, including Latino/x communities across LA County.

Insights into the challenges faced by the Latino/x community

Public Health's understanding of the story behind the data has come from directly working with and learning from community residents and local service providers and analyses of data related to the social determinants of health. Focus groups, listening sessions, townhalls, and telebriefings have all been essential during critical junctures in planning, implementation, and improvement of COVID-19 response and recovery strategies. These processes have offered opportunities for community residents to share their questions and invaluable knowledge, experience, and expertise, particularly during decision making about how resources are utilized, and which interventions best align with community priorities and preferences. Through these conversations with Latino/x residents and community, faith, business, and labor leaders, Public Health has learned more about the challenges to curbing the spread of COVID-19 and increasing vaccination rates in their communities.

Challenges with access to COVID-19 tests and vaccinations

At the beginning of the pandemic, many Latino/x residents that wanted a COVID-19 test or vaccine experienced access-related challenges. Community residents and partner agencies who helped them navigate services reported difficulties, including:

- Confusion with continuously changing vaccine eligibility and prioritization
- Challenges securing online appointments since many community members had limited comfort using or access to technology (e.g., laptops, reliable internet, limited data on pay-as-you-go mobile phone plans); many websites were only available in English; and people with more time (e.g., working from home) or more flexible jobs could easily

drive to sites across the County, wait long periods of time, or even miss a day of work to secure limited appointments

- Problems accessing services that were primarily offered on weekdays during the day when they had limited time off from work and/or could not afford to lose a day's worth of pay;
- Lack of clarity regarding acceptable forms of documentation required to access free services, whether there would be any legal or monetary implications for accessing this care, and confidentiality of any personal or medical information;
- Complications getting to and from testing or vaccination sites (e.g., sites not in their neighborhood, not within walking distance, not near transportation hubs, not accessible to people with mobility limitations and other functional needs); and
- Lack of understanding of when and where to return to for their second dose

Safety risks & non-compliance, stigma, and threats of job loss at the workplace

Many essential workers have been greatly burdened during the pandemic with limited protections and the inability to work from home. Workers in industries such as garment factories, meat processing plants, warehouses, grocery stores, hospitality, public transportation, and many others have been subject to increased risk of exposures, due to the nature of their work, throughout the pandemic. Meetings with labor partners representing essential workers revealed that many employees felt safer at work while wearing masks, but some would face bullying and retaliation from employers for choosing to wear them, especially if they were not required by law to do so. Additionally, many workers in these settings worked in close proximity to their colleagues and did not have opportunities to socially distance, commonly leading to instances of workers bringing the virus home to their families after getting infected at work. Also, a large population of Latinx workers employed in private homes, including day laborers and domestic workers, often went unprotected from COVID-19 since these types of jobs are excluded from Cal/OSHA protections.

COVID-19 actions and misalignment with religious or cultural beliefs

Religious beliefs have played a role in vaccine hesitancy among several Latino/x communities. While many faith leaders, including Pope Francis, the head of the Roman Catholic Church, encouraged their faith community to get vaccinated against COVID-19, Public Health did receive reports from residents that some local faith leaders discouraged vaccination, citing misinformation around the development of the vaccines which concerned many Latino/x faith communities. Primarily, residents' concerns related to perceived unethical scientific processes related to the use of aborted fetal tissue or fetal cell lines during vaccine development and production.

Other people of faith felt that contracting or surviving illness or complications from COVID-19 infection was God’s will and that they were protected from severe outcomes, including death, by their unwavering faith. Further compounding this belief was that if a person survived infection and especially if they evaded any serious complications, they often mistakenly believed public health warnings were misguided and that their naturally acquired immunity would offer life-long protection.

Mistrust of governmental and health care related institutions

Beyond access and religious beliefs, some Latino/x residents’ mistrust of government has influenced their perceptions of government-sponsored messaging and utilization of services. It is important to remember that LA County residents reflect diverse cultures and languages and is home to the largest populations of many racial/ethnic groups outside of their countries of origin, including Latino/x groups (e.g., Mexican, Salvadoran, Guatemalan). Many people have fled their home countries due to long-term war or civil unrest, and in some cases, have experienced multiple traumatic events, including imprisonment, sexual assault, ethnic cleansing, and physical violence,¹ sometimes at the hands of their country’s government. More recent immigration-related examples here in the United States, including wide-scale deportations, forced family separation and failed family reunification, inhumane conditions at immigration camps and detention centers, and difficulties receiving refugee status despite facing persecution in their home country, all made it difficult to believe government-led COVID-19 related activities were well-intentioned. Further, the recent history of medical malpractice against Latino/x people by the government (e.g., In California between 2006 and 2010, as many as 150 incarcerated women were coercively or forcibly sterilized²) has created deep distrust for immigrant communities. For these reasons, some community members that have chosen not to receive a COVID-19 test or vaccine have elevated the deeply problematic history between governmental entities and community members of color as reasons for not seeking services from Public Health or other County entities.

Latino/x residents have also noted their personal experience with bias exhibited by clinical providers and lack of medical providers who speak their preferred language and understand their cultural values as reasons for not seeking healthcare services. Additionally, Latino/x residents have frequently cited their preference for more natural ways to prevent and recover from COVID-19 (e.g., taking food-based or herbal remedies), especially during key

¹ Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Diequez, A., Pinto, R., Rhodes, S. D., Moya, E., ... Chavez-Baray, S. (2015). Evaluating the impact of immigration policies on health status among undocumented immigrants: a systematic review. *Journal of immigrant and minority health*, 17(3), 947-70. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4074451/>

² Ko L. Unwanted sterilization and eugenics programs in the United States. Public Broadcasting Service. <http://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/>. Published January 29, 2016.

developmental stages of life, such as early childhood, adolescence, and pregnancy. And while these preferences have merit, in some cases, making these choices without taking any additional protective measures, including indoor masking, and limiting time with others, can have dire consequences, particularly for individuals with conditions that put them at greater risk of infection, hospitalization, and death (i.e., older adults, children too young to be vaccinated, people with underlying health conditions or weak immune systems).

Further exacerbating the problem, governmental and public health entities' sense of urgency to vaccinate Latino/x residents has led some community members to recall relatively recent examples of unethical clinical practice by government entities, including LA County. Between 1968 and 1974, more than 200 women who delivered babies at LAC+USC Medical Center, mostly Latina women and girls, were sterilized. Although the women provided written or oral consent, possible language and cultural barriers call into question whether their consent was truly informed.³ The legacy of these types of coercive acts have led to mistrust in institutions leading the COVID-19 response and in life saving services, including vaccination.

Also, the intentions behind short term, pop-up vaccination and testing sites have been called into question, as the need for language access, immigration, employment, legal, healthcare, childcare, housing, and other services have often gone unnoticed or inadequately addressed. For many Latino/x residents and service providers, short term strategies do not consider an individual and family's overall needs, which are often far more pressing than the risk of COVID-19.

As an alternative, residents and service providers have noted their preference for increasing investments in local service providers (e.g., community clinics, non-profits, places of worship, schools) as trusted entities that offer COVID-19 services and information while maintaining and expanding local providers' existing menu of resources and services. Community members have also noted their desire to directly support engagement-related efforts and have paid opportunities to do this work and enter the workforce earning a living wage and having the opportunity for career advancement. Additionally, Latino/x community members note the importance of ongoing spaces to get their questions answered in their preferred languages and without judgement and to receive needed services once they have made an informed decision about vaccination and once their entire family is eligible to get vaccinated.

³ Office of Los Angeles County Supervisor, Sheila Kuehl, District 3. *County Apologizes for Forced Sterilizations 1968-1974*. (August 7, 2018). Retrieved from: <https://supervisorkuehl.com/county-apologizes-for-forced-sterilizations-1968-1974/>

Misinformation and disinformation specifically targeting Latino/x community members

As previously noted, many Latino/x community members have understandably had a long-standing mistrust of government organizations based on historical discrimination and negative experiences with systems that have treated Latino/x community members unjustly. As a result, many Latino/x community members turn to their trusted information sources to learn about COVID-19. According to a 2020 *COVID-19 Impact Special Report* from Nielsen research group, 57% of Latino/x people are more likely to use social media as a primary source of information about COVID-19 compared with non-Latino/x groups.⁴ Unfortunately, some social media platforms are far from trustworthy and have directly contributed to the rampant spread of misinformation. Some trusted and influential Latino/x public figures have used their platforms to share inaccurate information including vaccine misinformation, conspiracy theories, and unproven natural remedies against COVID-19.

Public Health acknowledges the pain and trauma these experiences have caused in many communities of color and that decisions regarding whether to get vaccinated or generally seek assistance from government and health care institutions may be difficult. Based on this context and personal accounts directly from Latino/x residents and service providers, community members acknowledge the need for tailored messaging delivered by recognizable messengers in trusted communication channels. Additionally, community members note the importance of transparency of information, asking to be informed of both the positive and possible negative health effects, no matter how small, that are associated with vaccination and therapeutics. The speed at which COVID-19 vaccines were developed and authorized for use in comparison to other vaccines raised concerns about the safety and effectiveness of the COVID-19 vaccines. Also, community members' firsthand experience with mild COVID-19 infection or symptoms in the day or days after receiving their vaccine made them question Public Health messaging regarding the severity of COVID-19 and the safety of vaccines. They also noted the importance of elevating these types of stories to ensure truthful communications about COVID-19 and to demonstrate steps toward trust-building.

And finally, the evolving science regarding COVID-19 and the ever-changing, sometimes conflicting federal, state, and local requirements have also proven confusing and even burdensome to keep track for many who have continually struggled with other, often more pressing needs, including housing and employment.

⁴ Nielsen, The Hispanic Diverse Intelligence Series 2020 A COVID-19 Impact Special Report. Retrieved from: <https://www.nielsen.com/wp-content/uploads/sites/3/2020/08/nielsen-2020-hispanic-dis-report.pdf>

Strategies to Address Disparities in COVID-19 Outcomes

The [COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report](#) was the first time the Department of Public Health issued COVID-19 related data by race/ethnicity. The report also included nine strategies that were intended to close the gaps on COVID-19-related health outcomes. Each strategy called for tailored approaches for communities highly impacted by COVID-19, including communities of color and low-income neighborhoods.

These strategies were outlined at the beginning of the pandemic and have shifted slightly based on community input, available data, scientific developments (e.g., vaccines and therapeutics), new partnerships, and the availability of emergency and philanthropic funding and other resources to support the COVID-19 response. As a result, the areas covered in this report have been modified to clearly link back to the original nine strategies, while more accurately reflecting the equity-focused work done throughout the pandemic. And while this report does not depict the totality of Public Health's COVID-19 response efforts, it highlights activities that delve into the department's commitments to health equity, including:

- Increasing organizational competency and capacity to engage in sustained equity work;
- Communicating in ways that amplify community voices and authentic narratives to drive action;
- Supporting/building community capacity to engage in efforts that eliminate inequities;
- Forging partnerships to enhance and promote efforts that result in equitable health outcomes; and
- Aligning current resources to work that eliminates inequities

1) COVID-19 TESTING & VACCINATION: Ensure access to testing and vaccination for highly impacted communities.

Testing and vaccination are just two of the powerful, core disease control strategies taken during the pandemic response. These strategies have required strategic prioritization, large-scale coordination, and flexibility in operations as testing and vaccination supplies went from limited to widely available, as gaps in COVID-19-related health outcomes have become more apparent, and as more partners joined to support the response.

Testing

On April 20, 2020, development and implementation of the countywide community testing strategy transitioned from the LA County Fire Department to the Department of Health Services (DHS).

Prioritization of highly-impacted communities

In response to disproportionate COVID-19 health outcomes among people of color and people living in poverty, and in alignment with recommendations from community partners, including a multi-sector coalition of community groups brought together by the Advancement Project California, the testing strategy shifted from simply providing access across the County to also focus on increasing access for both geographically and demographically defined communities that not only faced the highest case, hospitalization, and death rates due to COVID-19 but were also confronted with the fewest health-affirming resources and conditions that support good health. DHS developed an approach to identify high-need or gap areas for community COVID-19 testing sites based on area testing, mortality, and test positivity rates. The first GIS map of this data was released in the [July 15, 2020 edition of the COVID-19 Community Testing Dashboard](#).

Informed by these data, and in consultation with Public Health, DHS partnered with the State, local community clinics, retail pharmacies and others to expand community testing at fixed and mobile testing sites. By May 2020, there were a total of 93 COVID-19 testing locations in LA County. As of April 2022, DHS was coordinating a network of more than 300 testing sites across the County. As COVID-19 moved beyond crisis mode, DHS has worked to shift community testing to more regular sources of care, including publicly funded LA County operated sites and primary care providers.

Partnerships with Community Based Organizations (CBOs)

Public Health recognizes the major role and impact Community Based Organizations (CBOs), including Faith-Based Organizations (FBOs), can have on the health and well-being of our community, especially for those experiencing socio-economic challenges or those with disabilities which can present additional roadblocks to healthcare. They are often a lifeline for basic needs, including but not limited to housing and food but also an anchor of stability and support desperately needed in uncertain times.

DHS also acknowledges CBOs and FBOs' key role in neighborhoods across the County. To increase the number of testing sites across Los Angeles County, DHS facilitated collaboration between CBOs and testing sites in highly impacted communities. Community organizations promoted testing resources to their clients and even supported testing sites with staffing. It's important to note that the lack of sustained federal funding to support COVID-19 testing and vaccination poses a new challenge for local jurisdictions, including LA County, regarding how to pay for these critical services for those who are uninsured.

Partnerships with Faith-Based Organizations (FBOs)

Public Health and DHS have also worked with FBOs who have deeply rooted, trusted relationships with many communities of color. FBO partners have worked closely with DHS to

expand access to COVID-19 testing in their local communities. FBOs have served as testing sites and promoted the availability, accessibility (i.e., kiosks, pop-up sites, at-home testing kits), and continued importance of COVID-19 testing. The partnership has mobilized and conducted outreach and provided linkages to care and resources in 10 prioritized regions (Antelope Valley, Central Los Angeles, East Los Angeles, Harbor, Pomona Valley, San Fernando Valley, San Gabriel Valley, South Bay, South Los Angeles, and Southeast Los Angeles) in over 13 languages, including Indigenous dialects across every Supervisorial District. As of December 2021, over 131,112 testing kits have been distributed to FBOs for distribution in the community.

Partnerships with contracted labs

DHS also partnered with contracted labs, such as Fulgent Genetics, to find ways to distribute PCR test kits directly to residents. Using these PCR home collection kits, individuals could collect the sample at home, have it tested in a laboratory, and receive results 24-48 hours from the time the lab received the sample. Residents have been able to order a PCR test online or could pick it up at a local library, clinic, or recreation center. After collecting their sample, individuals could return it to the lab by mail or drop it back off at the site where they received their test so that it could be tested in a lab.

In May 2022, DHS partnered with Public Health and the Los Angeles County Library to launch the [Library COVID-19 Antigen Test Kit Pickup Program](#). The program allows residents to pick up antigen test kits at designated LA County Library locations and a limited number of parks.

Strategic distribution of over-the-counter test kits

During the winter surge of 2021, testing sites were overwhelmed with demand and testing kits were extremely difficult to find. To address this challenge, Public Health worked in partnership with the State to distribute millions of over-the-counter rapid test kits to schools, high-risk congregate settings, and highly impacted communities via food pantries, community organizations, and social services agencies. Public Health distributed 700,000 over-the-counter test kits to 350 community-based organizations that serve residents in high-need communities. Public Health also extended these resources to settings serving people experiencing homelessness, interim housing facilities, domestic violence shelters, and FBOs.

Vaccination

Much of the work done to initially implement and eventually expand access to COVID-19 testing, directly informed efforts to build out an expansive network of vaccination sites. Input was also gathered from a diverse group of community experts and stakeholders.

Counsel from diverse stakeholders

Public Health launched the COVID-19 Vaccine Equity Committee in December 2020 to provide actionable recommendations to center equity in COVID-19 vaccine distribution and related communication. The Equity Committee was comprised of over 150 local advocates, healthcare and equity experts, physicians, community-based organizations (CBOs), faith-based organizations (FBOs), and government agencies representing communities of color, seniors, caregivers, lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ) individuals, persons experiencing homelessness, incarcerated individuals, and people with disabilities. Their wise counsel and the support of hundreds of community organizations has resulted in the vaccination of over 8 million Los Angeles County residents. While this means that over 75% of County residents of all ages are fully vaccinated, coverage among Latino/x residents remains slightly above 57% (57.4%), far below the county overall.

Public Health's Regional Health Offices and its Vaccine Preventable Disease Control Program have also conducted numerous focus groups and key informant interviews with partners to learn more about vaccine related perceptions and opportunities for collaboration. Many of these conversations have directly informed contracting efforts described in greater detail later in this report.

Focus on vaccinating populations in the highest-risk settings

The COVID-19 vaccine rollout began during the 2020 winter surge, with various challenges in play including insufficient vaccine supply and unwieldy cold chain and storage requirements. With those constraints in mind, vaccination efforts were initially focused on populations in the highest-risk settings, including healthcare and Skilled Nursing Facilities (SNF). By the summer of 2021, 84% of SNF residents and staff were fully vaccinated. By the summer of 2021, 84% of SNF residents and staff were fully vaccinated. As of the week ending 10/30/2022, of the 317 SNF facilities who reported data, 97% of SNF staff and 91% of SNF residents, have been fully vaccinated, many of these through our Mobile Vaccine program. While this strategy aimed to protect some of LA County's most medically fragile community members, ensuring vaccination at SNFs also directly addressed the disproportionality of COVID-19 infections faced by Black/African American and Latino/x communities. That's because since early in the

pandemic. SNFs with a population of at least a quarter Black and Latino residents were found more likely to have at least one COVID-19 case.⁵

Community vaccination sites in hard-to-reach neighborhoods

Given the disproportionality in case rates experienced in specific geographic areas, vaccine distribution for high-risk members of the general population began in harder-to-reach neighborhoods, as determined by the Healthy Places Index (HPI) data. HPI is a data measure that looks at socioeconomic opportunities by census tract, and includes 25 individual indicators across economic, social, education, transportation, housing, environmental and neighborhood sector.

On January 6, 2021, the following community vaccination sites were opened:

- **El Sereno Park** (East Los Angeles)
- **Belvedere Regional Park** (East Los Angeles)
- **Hazard Recreation Center** (near LAC+USC Medical Center)
- **Ritchie Valens Recreation Center** (Pacoima)



⁵ Fortier, J. LA's Nursing Homes Serving Black and Brown Patients are Hardest Hit by Coronavirus. What's Going On? LAist. (May 21, 2020). Retrieved from <https://laist.com/news/coronavirus-nursing-homes-latino-black-patients>

Large-scale vaccination sites

Prioritization of additional high-risk populations expanded over time to include older adults, people with compromised immune systems, and essential workers. The growing numbers of vaccine eligible groups made it critical to vaccinate millions of residents in LA County as quickly as possible. In response, Public Health opened large-scale, drive-through vaccination sites in each supervisorial district. These sites later included a walk-through option to accommodate residents without a car. The five mega Points-of-Dispensing (PODs) began operating on January 19, 2021.

The five sites established, chosen for their regional accessibility and capacity to handle large numbers of people, were:

- **Pomona Fairplex**, Pomona, CA 91768
- **The Forum**, Inglewood, CA 90305
- **California State University, Northridge**, Northridge, CA 91330
- **L.A. County Office of Education**, Downey, CA 90242
- **Six Flags Magic Mountain**, Valencia, CA 91355

Each site had the capacity to vaccinate approximately 4,000 people per day, with a cumulative goal to vaccinate 500,000 Los Angeles County residents per month.

Barrier free access to vaccination

While the mega PODs helped large numbers of people get vaccinated quickly, the drive-through model proved limiting for persons who did not have cars, had mobility or access challenges, or were unable to find someone who could drive them through the line. Further aggravating access-related issues was the State's web-based vaccine appointment system. Initial iterations of the system were cumbersome, only available in English and were easiest to use for those with access to and comfort with using a computer and time to complete the lengthy online appointment registration process.

Before ample supply started in May 2021, additional actions were taken to eliminate barriers to vaccination, particularly in areas where COVID-19 cases and deaths and area poverty were highest. Some of these actions included implementing walk-through and bus drop off sections at each POD location to facilitate access for people with disabilities or older adults to get their vaccine and providing vaccinations for homebound residents through our homebound project.

To ensure vaccines reached community members living in areas with high levels of COVID-19 transmission and high levels of poverty, Public Health coordinated vaccination sites with closed appointments (i.e., appointments at community and faith-based sites that were only open to local community members). The department also deployed mobile vaccine teams in

these communities, with no appointment required. Eventually, Public Health removed other appointment barriers by launching a dedicated call center to make vaccination appointments for those without internet access or who were uncomfortable using the web-based appointment system and expanded to evening and weekend hours for those who could not afford to miss work or school to get vaccinated. The call center also provided supportive services, including vouchers for Uber/Lyft to get to and from the vaccination site and quarantine and isolation housing for those who did not have a place to stay to avoid spreading COVID-19 to others in their household.

As COVID-19 vaccinations became more widely available through a variety of other providers the need for mega PODs decreased. In June 2021, the mega PODs were converted to a new series of smaller Community Points-of-Dispensing sites in nearby neighborhoods, where the public could access services without appointments and Public Health could further provide education and outreach. These sites included:

- Ted Watkins Memorial Park (South Los Angeles)
- Obregon Park (East Los Angeles)
- Commerce Senior Center (East Los Angeles/San Gabriel Valley)
- Norwalk Arts and Sports Complex (Norwalk/Whittier)
- Balboa Sports Center (San Fernando Valley)
- Market Street Center (Santa Clarita Valley)
- Palmdale Oasis Park (Palmdale/Antelope Valley)

As vaccine rollout and availability changed over time, so has Public Health's capacity to expand and contract vaccination operations to better meet the needs of local communities.

Equitable vaccine distribution

While strategies to improve access have helped minimize some barriers to vaccine access, ensuring equitable distribution of the vaccine has required additional measures.

Robust network of trusted vaccine providers

Equitable vaccine distribution has required establishing an expansive network of certified vaccine providers to build confidence in and administer the COVID-19 vaccines and who could adapt to changing federal/state vaccine priority groups and eligibility. As soon as Public Health learned that vaccines would be available, the department worked to establish a network of State-approved vaccine providers across LA County, emphasizing recruitment of partners in areas where vaccine coverage and provider availability were lowest, which largely represented communities of color and areas with high rates of poverty. This network included trained providers knowledgeable and capable of appropriate vaccine storage, proper vaccine administration, and State reporting requirements, such as:

- Federally Qualified Health Centers (FQHCs)
- Community Clinics
- Primary health care providers
- Pharmacies (included retail settings and local establishments)
- Ambulance Companies
- Emergency Medical Services

Public Health has worked tirelessly to expand the capacity and geographic coverage of the vaccine network, while ensuring and maintaining easy access for Latino/x residents in disproportionately impacted communities. Four strategies were core to building the network, including: partnering with existing providers to ensure reach; using Public Health and County resources to fill gaps in staffing; securing financial and other resources for partners in disproportionately burdened areas; and providing trusted voices (e.g., community and faith-based organizations) with resources to conduct education and outreach to Latino/x residents. Through these efforts, the vaccine provider network has grown exponentially. As of October 2022, Public Health continues offering vaccines across a vast network of fixed sites and nearly 800 weekly mobile sites, taking vaccines to worksites, housing developments, parks, places of worship, transportation hubs, & community events.

Emphasis has been placed on geographic areas highly impacted by COVID-19 as identified by the Healthy Places Index (HPI) data platform and the California Department of Public Health's (CDPH) Vaccine Equity Metric, which use 8 weighted domains ranging from economic (Poverty, Employment status, Income) to social and transportation. A composite score is created based on the values and weights of these indicators. These scores are then assigned quartiles ranging from Q1 (most disadvantaged) to Q4 (least disadvantaged). HPI plus takes this information and then focuses on zip codes that include at least one census tract that meets two criteria: Q1 of the census tract level HPI metric and having a fully vaccinated coverage of 75% or below. In LA County, the geographic areas that were identified as highly impacted using these metrics included South Los Angeles (e.g., Historic South Central Los Angeles), Southeast Los Angeles (e.g., Vernon, Cudahy, Bell, Paramount, Maywood, South Gate, Bell Gardens), and areas of the San Fernando Valley (e.g., Pacoima, Sun Valley, Arleta, Van Nuys, Panorama City, West Hills) and more sparsely populated areas in the Antelope Valley (e.g., Palmdale, Lancaster, Lake Los Angeles, Littlerock, Hi Vista). And, in these areas, efforts were made to include partners who serve, could do outreach to, and engage Latino/x residents to help close the gaps in vaccination rates between racial/ethnic groups. During the week ending October 14, 2022 alone, nearly 780 mobile vaccine facilities were deployed to 1,875 sites, 99.5% of which were in LA County cities/communities whose populations are comprised of at least 25% Latino/x residents such as Baldwin Park, Compton, El Monte,

Hawaiian Gardens, San Fernando, Santa Clarita, South Gate, Sylmar, Vernon, West Covina, Whittier, Wilmington, and others.

Vaccination services in a variety of ways

Ensuring ready access to vaccination has required flexible clinic operations that could shift to meet community members' needs and preferences:

Mobile teams: Our mobile teams set up daily clinics to administer walk-in vaccine appointments at public places such as worksites (e.g., janitorial & custodial services, food & agriculture, garment manufacturing), senior housing and recreational centers, metro stations, grocery stores, retail establishments, parks, swap meets, libraries, educational settings, faith-based organizations, community-based organizations, and service providers for people experiencing homelessness. Our dedicated mobile vaccination team responds to requests from community members to meet them where they are to increase access, provide onsite education, and address misinformation for those who lack confidence in the vaccine, including Latino/x communities. Hundreds of our mobile vaccination teams persist in their efforts to vaccinate in neighborhoods where unvaccinated Latino/x people live and work.

Visits to homebound individuals: Alongside the Public Health Mobile Vaccine Team, throughout the pandemic Public Health partnered with six external mobile providers and one internal Public Health provider team to reach homebound residents at elevated risk of severe COVID-19 illness and unable to travel to a vaccine site. Homebound residents, their caregivers, service providers, or friends, refer homebound patients to the Public Health Vaccine Call Center and efforts are made to fulfill the request no later than two weeks from the date of referral. As of October 2022, nearly 11,300 residents considered homebound have been vaccinated, with an estimated 10,000-15,000 eligible residents across LA County. As of October 12, 2022, at least 20% of vaccines administered to homebound clients were administered to Latino/x individuals. During visits, clinicians offer vaccines to both the homebound resident and any others in the household eligible for vaccination. Public Health has contacted more than 1,000 social service agencies including hospice agencies, home health agencies, senior centers, regional centers, local Area Agencies on Aging, Los Angeles Alliance for Community Health & Aging, the In-Home Support Services (IHSS) Program, multi-purpose senior services programs, home meal delivery programs, residential care facilities, Partners in Care Foundation, and the National Asian Pacific Center on Aging (NAPCA) to provide them with information on how to request homebound services for their clients.

Door-to-door services: It has been vital to meet community members where they are to eliminate barriers and help boost vaccination rates, especially among Latino/x residents in highly impacted communities. Over time, staff at Public Health vaccination sites have seen sharp declines in the overall number of people getting vaccinated, despite having the staff

and resources to provide vaccinations. Our Community Health Workers have worked tirelessly to inform residents, from leaving door hangers at their homes, to informing neighbors that a pop-up vaccination site is coming to their local park. This type of outreach has helped build relationships and trust among residents with traumatic experiences accessing the healthcare system.

Partnerships with trusted local entities

Despite these varied vaccination efforts, African American/Black and Latino/x LAC residents and low-income communities have continuously experienced the highest rates of COVID-19 cases and deaths and have some of the lowest vaccination rates in our County. As noted previously, there are several factors that contribute to this disproportionality, ranging from being at higher risk of severe COVID-19 disease due to existing underlying conditions to working essential jobs that require more interaction with others outside of their household and that offer limited protections. After hearing from community partners, it was also evident that the barriers to vaccination uptake in the Latino/x community also included low perceived risk of getting infected; low perceived severity of COVID-19 illness; perceptions about long-standing natural immunity from prior infection; vaccine misinformation and disinformation; a lack of trust in the healthcare system, confusion regarding boosters and newly eligible groups including children, and overall fatigue with COVID-19 and related safety measures. We have worked extensively with community and faith-based organizations to increase awareness, answer questions, and link individuals to vaccination sites in overburdened communities. But Public Health cannot do this work on its own. To address these challenges, as recommended by the COVID-19 Vaccine Equity Committee and other partners, Public Health has partnered with local entities to focus their efforts on Latino/x residents to close the gaps in COVID-19 health outcomes and vaccinations. Some examples are mentioned below:

Collaboration with Faith-Based Organizations: Public Health has been actively engaged with dozens of FBOs serving the Latino/x community to support local vaccination efforts concentrated in areas including but not limited to Pomona, East and Southeast Los Angeles, and the Antelope Valley. In the East and Southeast LA areas, over 230 churches have volunteered to participate in vaccination efforts. As a result of these efforts 4,650 persons were vaccinated at these FBOs. Hundreds of FBOs have organized, oftentimes regionally, to support vaccine registration for their congregations and local community members and sponsored educational events to address myths around COVID-19 and the vaccine. The love, care, and volunteer hours that FBO partners have put into ensuring vaccine equity are substantial. They have worked tirelessly to organize lists of eligible congregants, train volunteers to make and receive calls (particularly for those without access to technology), schedule vaccination appointments, and address transportation needs to and from appointments in some of the County's most impacted zip codes. With increased vaccine

availability, Public Health has also partnered with over 512 FBOs to bring mobile clinics to their sites.

Collaboration with schools and school districts: Schools are well-known and trusted by many in the communities they serve. In September 2020, schools began re-opening for in-person services aligned with State and County guidance; most elementary schools had re-opened for in-classroom learning for students in February 2021. In preparation, Public Health hosted regular meetings with Superintendents, labor unions, and parents to develop appropriate safety measures and address concerns, updating guidance to reflect changing conditions. Public Health established the School Technical Assistance Team (STAT) reassigning 70 staff to visit schools newly re-opened to ensure safety measures were being followed; out of the over 3,000 schools in LA County, by June 2021 the team had completed 2,260 school site visits. Public Health also established an exposure and outbreak management team that worked with schools to stop in-school transmission when cases and outbreaks were identified, and quickly thereafter, outbreaks were limited to a few dozen. In the spring, Public Health coordinated clinic partners for each school district to facilitate vaccinations of staff; over 75% of school staff are estimated to be vaccinated. School sites were also used to host COVID-19 vaccination sites available to students, their families, and the entire community. To empower the school community with accurate information about COVID-19 and ways to stay safe and prevent the spread of COVID-19, Public Health also launched the parent and student ambassador programs training hundreds of students and parents to be able to answer common questions from and provide accurate information to their peers. As of October 2022, there has been a total of 1,757 parents and 543 students trained. Efforts continue underway to support students, families, and their schools.

Community initiatives: Community initiatives, including but not limited to the Community Health Worker Outreach Initiative and the COVID-19 Community Equity Fund, have been a critical component during each phase of the pandemic. Our partners who have in-depth knowledge of the geographic and demographic communities they serve, have been instrumental to better understanding the story behind the data and determining what next steps to take to close the gaps.

Public Health contracts and partners with local organizations who have used grassroots efforts to build trust and creatively leverage the cultural capital that is already within communities. To date, investments in community initiatives have totaled more than \$70 million. And while these efforts will be described in more detail later in this report, it is important to note that a network of more than 60 organizations has been mobilized throughout the pandemic to share information about COVID-19, respond to questions and concerns about the vaccine, and carry out additional community-centered activities, including at community preferred locations including barbershops, hair salons, schools, and faith-based sites.

Coordinated efforts with existing Public Health & County programming

Public Health has also leveraged current programming within the department and across the County to offer vaccination and testing kits at events where community members were already in attendance. For example, LA County offers the *Parks After Dark* program which was initially designed in 2010 to keep parks open during summer evening hours when crime rates are higher, and youth have less opportunities for programming.⁶ *Parks After Dark* takes place at 33 parks across Los Angeles County and turns parks into community hubs by offering free programming, informational booths, and access to free onsite healthcare services. Our outreach and Service Planning Area (SPA) staff took this opportunity to offer vaccinations and distribute test kits to community members, many of whom are from highly impacted areas. According to a 2018 report, 71.9% of participants at *Parks After Dark* were Latino/x.⁷

Other examples include our partnerships with our County Libraries and County Voting Sites. The Mobile Vaccine team partnered with 72 individual County Libraries to offer vaccine at local library locations in disproportionately burdened communities as well as 20 County voting sites during voting season to administer vaccine at these locations. Public Health also maintains ongoing partnerships with YMCAs, and supermarkets such as Food for Less and Northgate as well as other sites to bring vaccinations to community events, and our priority continues to be those communities with lowest vaccination rates and most impacted by the pandemic.

2) CARE COORDINATION: Integrate testing and vaccination with care coordination for highly impacted communities.

While offering pop-up and community sites have helped to increase access to vaccinations and testing, it is critical to integrate COVID-19-related services into the overall healthcare system. Ultimately, community members feel more comfortable getting healthcare services at typical healthcare access points including community clinics, primary care providers, and local pharmacies rather than visiting temporary locations. In addition to creating provider networks to administer testing and vaccinations, Public Health also worked to weave these services into the healthcare delivery system by partnering with and supporting healthcare providers and facilities.

⁶ Parks After Dark, Preventing Violence While Promoting Healthy, Active Living
<http://publichealth.lacounty.gov/docs/parksafterdark.pdf>

⁷ Parks After Dark Evaluation Brief 2018-2019,
<http://ph.lacounty.gov/ovp/docs/PAD%20documents/2018%20PAD%20Brief%20FINAL.pdf>

Expansion of direct healthcare services

Public Health has 14 health centers across LA County providing immunizations and screening and treatment of tuberculosis and sexually transmitted diseases. During the pandemic, COVID-19 vaccine and testing services were integrated as part of clinical services offered directly by Public Health. These sites typically serve low-income families who may not have regular access to a health care provider or by residents who would rather access sensitive services outside of their regular source of care. Some of the Public Health centers are situated in predominantly Latino/x communities of LA County, including the Central Public Health Center in downtown Los Angeles, the Pomona Public Health center, and the Whittier Public Health Center, offering services at no charge to residents.

DHS also worked to integrate COVID-19 testing and vaccination into the broader healthcare and public healthcare systems, including their Ambulatory Care Network (ACN), an integrated health system of 24 community-based health clinics across LA County that offer primary care and specialty care services to their patients.

Shift to primary care providers & the healthcare delivery system

An important action taken to increase access to COVID-19 related services at healthcare facilities, included issuing a Health Officer Order. On July 8, 2020, Public Health issued a [Health Officer Order](#) aimed at increasing access to diagnostic testing for all symptomatic persons and for those who are a close contact of a laboratory-confirmed or probable case of COVID-19 through healthcare facilities, including acute care hospitals, free-standing clinics, and outpatient/ambulatory care settings. This order remains in place and has helped LA County residents access testing services at a location where they can also access needed follow-up and possibly even primary care.

Over time, DHS has reduced its community testing sites opting for a shift to regular sources of care. LA County residents without insurance are still able to access free testing at publicly funded LA County operated sites while those with health insurance are directed to utilize the testing options available through their healthcare provider or health plan. This move served to shift services to established healthcare systems and providers so that they may take a larger role in providing COVID-19 testing for their patients, just as they do for other conditions.

As previously noted, Public Health established a network of vaccination providers. While these partnerships have improved vaccine access in the short-term, there are also longer-term benefits of using this approach, including a gradual shift from pop-up vaccination and testing sites to COVID-19-related education, testing, and vaccination services that are deeply integrated into the healthcare delivery system. Public Health continues working with primary care providers, family medicine doctors, and clinical providers, in particular those serving

disproportionately impacted communities, who have the capacity to offer vaccination, feel prepared to answer questions, and provide on-site vaccinations to those who are eligible and ready to get vaccinated. The robust network established during the COVID-19 response has also proven immensely helpful during the recent monkeypox outbreak that has also required swift mobilization of partners to administer vaccination

Coordination with regular sources of care

Any shift in healthcare services has required working in tandem with hospitals, health plans, community clinics, and other healthcare stakeholders. As a result, Public Health has worked closely with Medi-Cal Managed Care health plans, the Hospital Association of Southern California (HASC), the Community Clinic Association of LA County (CCALAC), the Los Angeles County Medical Association (LACMA), and other clinical partners throughout the pandemic. Discussions have included topics such as updates on trends and disparities in COVID-19 cases, hospitalizations, and deaths; requests for assistance in reaching highly impacted populations; counsel on how best to manage limited inventories of COVID-19 related Personal Protective Equipment (PPE), testing, vaccine, and therapeutics supplies; managing surge capacity during times when demand for staffed inpatient hospital beds have been at their highest; billing of services rendered by Public Health and community partners; and communicating effectively with patients and clinicians. While conversations have primarily focused on COVID-19, conversations are now beginning to shift to other topics (e.g., sexually transmitted infections) to improve collaboration and partnership between healthcare and Public Health. More importantly, it leads to the pooling of resources, talent, and capacity to move toward a healthcare system that works in concert with the public health and other systems to focus on and address the gaps in all health outcomes, not solely on those that are COVID-19 related.

Collaboration with local health plans and other health care entities

Since the beginning of the pandemic, Public Health leaders have met monthly with local health plans to help coordinate care, problem solve emerging issues, and facilitate streamlined integration into the healthcare system for testing and vaccinations. This relationship was key in providing Public Health an opportunity to advocate on behalf of patients and share key updates that were developing during the pandemic to help justify the need for health plans to pay for COVID-19 testing and vaccinations as well as conduct outreach to specific populations and age-groups experiencing high rates of COVID-19 illness and severe outcomes and those with low COVID-19 vaccination rates. As noted earlier, these efforts have led to ongoing conversations to address disproportionalities in other areas.

3) COVID-19 THERAPEUTICS: Ensure access to potential treatments at care sites accessible to highly impacted communities.

Several therapeutics have been approved specifically to treat COVID-19 or reduce its severity. Residents who test positive for COVID-19, and are at elevated risk for severe illness, may qualify for therapeutics, including oral medications Paxlovid and Molnupiravir, or injectable treatments such as Bebtelovimab or Remdesivir. Residents who cannot receive a COVID-19 vaccination for medical reasons, or whose immune system is not strong enough to mount a response to the vaccine, may qualify to get Evusheld, an injectable medicine used to prevent COVID-19 infections. Community members at high risk for developing severe disease and test positive, can access COVID-19 therapeutics in a variety of ways across LA County. As described in the vaccination and testing section of this report, Public Health has relied heavily on a network of healthcare providers and local pharmacies to share information about and prescribe COVID-19 therapeutics. As of October 2022, there are 2,708 sites providing antivirals across the entire County, with more than 67% of sites located in LA County cities and communities with populations comprised of at least 25% Latino/x residents.

COVID-19 Medication Telehealth Service

Public Health recently launched its COVID-19 Medication Telehealth Service, which helps COVID-19 residents get assessed for their eligibility for COVID-19 therapeutics and, if eligible, arranges for them to receive the medication. Individuals who are determined by our Telehealth provider to be eligible for oral antivirals can choose to be referred to their provider or a “Test to Treat” site to receive the medications, to have their prescription sent to a nearby pharmacy, or to have the medication shipped to them overnight at no charge. This program makes it extraordinarily easy for any resident anywhere in the County to access therapeutics quickly if eligible without needing to leave their home.

“Test to Treat” programs

Currently, to facilitate rapid access to COVID-19 therapeutics, there is a vast network of “Test to Treat” programs offered at CVS Minute Clinics, Walgreens, and community clinics that allow patients to get tested and treated on the same visit at the same location. Residents can view the “Test to Treat” locations here: <http://www.ph.lacounty.gov/covidmedicines>.

COVID-19 information line

Residents that do not have access to a clinical provider or a “Test to Treat” location can call Public Health’s COVID-19 information line at (833) 540-0473 between 8:00 am – 8:30 pm daily. The call center is a free resource where residents can get culturally and linguistically appropriate information about available therapeutics and how to access them. More than

9,000 residents have been helped to navigate the process, get their questions answered, and receive lifesaving therapeutics in a timely manner.

4) SUPPORTIVE RESOURCES: Facilitate access to other supportive resources.

A long history of inadequate access to the essential resources that support optimal health have resulted in highly impacted communities across LA County and the country, experiencing higher rates of diseases that put them at elevated risk for severe COVID-19 illness. Improving access to the social determinants of health, including safe work environments and other supports for daily living, has been a key strategy to addressing disproportionality in COVID-19 health outcomes. Public Health has worked with County and non-County partners to facilitate access to resources that support daily operations for essential workers, referrals to services, access to food, and establish trust through longer-term engagement in under-resourced communities.

Workplace safety supports for essential workers

More than one third (33%) of all COVID-19 outbreaks investigated by Public Health's Outbreak Management physician teams occurred at worksites. Many of our Latino/x community members worked as essential workers throughout the pandemic, placing them at higher risk for exposure and transmission and unknowingly spreading the infection to family members. Public Health has distributed free PPE resources, offered free mobile vaccinations at worksites, and provided free self-certification trainings for employers and employees to learn about required protocols and ensure safety protections to continue operations with as much safety as possible.

Sector engagement

Public Health has worked extensively with business sector and labor partners to understand the challenges faced by essential workers (disproportionately women and people of color) and business owners alike. These discussions helped elevate concerns and informed the development of protocol, guidance documents, and even Health Officer Orders (HOOs) to continue ensuring worker and customer safety while facilitating compliance with public health protective measures.

Public Health Councils program

Since April 2021, the Public Health Councils (PHC) program has supported groups of workers in industries hardest hit by COVID-19 (i.e., garment manufacturing, food manufacturing, warehousing and logistics, restaurants, and grocery stores). PHCs are groups of at least two employees in the aforementioned sectors, who conduct peer-to-peer education to their co-workers, identify potential HOO violations, and work to increase HOO compliance at their

worksite. PHC members are informed about their rights (HOO requirements, sick pay) and how to prevent COVID-19 in the workplace, report non-compliance with required health protective measures, and access PPE supplies, therapeutics, and vaccinations. Employers in prioritized sectors are encouraged, but not required, to allow workers to hold formal one-hour, weekly PHC meetings during regular business hours to support implementation of HOOs. Employers are encouraged to collaborate with PHCs that may be formed by their workers. Since the program's inception in April 2021, more than:

- 46 PHCs have been formed
- 331 PHC Committee meetings have been held
- 9,437 workers have received COVID-19 related education
- 1,608 employers have received COVID education
- 37 worksites have had on-site PHC vaccination clinics
- 559 workers have been vaccinated at onsite PHC clinics
- 1,320 workers have received vaccination education at on-site PHC clinics

Issuance of Health Officer Orders & related enforcement

Many low wage essential workers have been disproportionately harmed by the pandemic. To protect workers from and reduce workplace exposures to COVID-19, Public Health established outbreak management teams, issued HOOs, conducted compliance checks and developed partnerships with labor.

As the pandemic first emerged, Public Health immediately mobilized its regional field staff, comprised of highly skilled and specialized nurses, physicians, and public health investigators, to investigate COVID-19 outbreaks across a range of settings such as worksites, schools, skilled nursing facilities and other congregate settings. This Outbreak Management Branch (OMB) team conducted site visits and provided infection control guidelines and requirements to further reduce the spread of COVID-19. As the OMB team became more established in its response to outbreaks, specialized teams emerged to provide tailored guidance for different sectors experiencing outbreaks, including worksite settings. The Outbreak Management teams investigating outbreaks at worksites helped employers implement public health practices to slow the spread of COVID-10 among essential workers. This work had a large impact on settings that included manufacturing sites, food warehousing sites, the Port of Los Angeles, transportation settings, and law enforcement agencies. As of October 2022, OMB had managed over 8,702 outbreaks across various settings in Los Angeles County. This work is estimated to have avoided an economic loss burden of more than \$200 million to date.

To stop the spread of COVID-19 in local communities, as of June 2022, Public Health has issued 1,242,750 total Isolation Orders and 205,466 total Quarantine Orders. HOOs have evolved over time, ranging from making COVID-19 a reportable disease to requiring physical distancing, infection control measures, and masking through June 2021. As of October 17, 2022, a total of 131 Health Officer Orders have been issued throughout the pandemic.

As of March 2022, Public Health compliance teams have conducted 168,737 COVID inspections in response to COVID-19 safety concerns and complaints or to provide technical assistance to ensure safety measures were followed; only 1,552 citations have been issued to businesses, highlighting the continued commitment to an education-first approach to compliance. This approach has also aimed to serve disproportionately impacted community members who may own or be employed by a business that is regulated by Public Health. By offering education and technical assistance regarding HOOs and sector-specific COVID-19 safety measures rather than quickly issuing citations, Public Health has supported businesses already faced with challenges to remain open with improved workplace safety and reduced workplace exposures, which impact staffing levels.

Sector-Specific Telebriefings and Public Health Liaisons

Since the beginning of the pandemic, Public Health has convened over 600 weekly telebriefings with more than 40 different stakeholder groups, reaching more than 150,000 participants. Telebriefings with sector specific businesses and labor partners have served to solicit advise/concerns with proposed HOOs prior to finalizing and to address challenges with implementation of required and recommended safety measures. In addition, our Emergency Preparedness and Response Division formed a team of 32 sector-specific public health liaisons dedicated to different sectors and entities, ranging from TK-12 schools to funeral homes and mortuaries. The teams provide clarity on protocols and requirements and share feedback received to guide executive leadership decisions and considerations. These teams have dedicated hotlines and email inboxes to provide a direct contact to the Public Health Department to help manage relationships with our partners and communities we serve. Over 50 listservs were produced as a result of our engagement with communities to help continue those connections. This is a place where information is shared and is operated by PUBLIC HEALTH's liaison program to respond to the many emails, phone calls, and letters directed to the department and its leadership seeking clarity on protocol about process for elevating concerns and understanding the various channels for elevating feedback.

These efforts have also fostered multiple partnerships to disseminate information, address compliance-related concerns, and increase utilization of testing and vaccinations services. Worksite related-strategies, including mobile vaccination clinics have been hosted by businesses, have been extremely useful as workplaces are a common site for COVID-19 infection and spread. Increased outbreaks at worksites often point to increased community

transmission, particularly in lower wage jobs that are disproportionately staffed by people of color. Efforts to eliminate barriers to vaccination, including bringing COVID-19 initial and booster doses and flu vaccinations to worksites, continue. During the week ending November 11, 2022, nearly one third (26.9%) of all 742 planned mobile vaccination events were scheduled at retail stores, food and agriculture, health and fitness, and other worksites.

COVID-19 Safety Compliance Certificate Program

On September 1, 2020, Public Health launched the voluntary COVID-19 Safety Compliance Certificate Program to help LA County businesses operating during the initial phases of business re-opening to better understand and self-certify they had fully implemented the required Public Health COVID-19 Protocols. The program included an online training video that offered a general overview of the required COVID-19 Protocols. After watching the training video, participants completed a brief survey to receive an emailed their self-certification certificate. Employers or business owners were asked to place their COVID-19 Safety Compliance Certificate at all public entrances to their facility for customers to see. By posting the certificate, businesses self-attested that their facility was following all the required Public Health COVID-19 Protocols. Employees could also complete the training to earn a Certificate of Completion after learning more about the Protocols and the workplace protections their employers had to implement.

As of June 7, 2021, the program was completed by a total of 28,415 people (13,303 employers and 15,112 employees) representing various sectors that were permitted to maintain operations with as much safety as possible. Sectors with the highest level of completion included office-based worksites (24 percent); restaurants, breweries and wineries (19 percent); and retail businesses (10 percent). More than two-thirds of training participants (69 percent) reported their employer gave them a copy of the Protocols. Additionally, 87 percent of training participants (n=24,619) reported that the Protocols helped them understand COVID-19 safety guidelines at work. The training was made available in English, Spanish, Farsi, Japanese, Korean, Russian, Simplified Chinese, Tagalog, Thai, and Traditional Chinese, Vietnamese, Arabic, Armenian, and Cambodian. A second iteration of the program was launched on November 16, 2021, to help Los Angeles County and Los Angeles City businesses who voluntarily implemented vaccine verification at their site to self-certify that they fully implemented COVID-19 vaccination verification (as described by the Los Angeles County Health Officer Order or Los Angeles City Ordinances) and indoor masking requirements (for all businesses) per applicable Local, State, and Federal requirements. This training was sunset on March 7, 2022, after vaccination verification and masking requirements were lifted and once all business sectors were allowed to reopen without sector-specific COVID-19 safety requirements. More than 400 businesses participated in this training before it sunset.

Referrals to supportive services

Community residents and local partners have elevated the need for non-COVID-19 services throughout the pandemic. Public Health and partners have and will continue to connect people in need with COVID-related services and other referrals to essential services, as needed.

Use of existing referral channels—2-1-1 and One Degree

For community members with limited access to the internet and who needed referrals to social supports, Public Health promoted phone-based use of 2-1-1 LA County. Whether over the phone or through the web, 2-1-1's referral resources offered access to primary care services, behavioral health, other social service supports and needed resources. Public Health has worked closely with 2-1-1 LA County throughout the pandemic and other emergency response activities, providing daily updates so that people answering calls from the public could stay abreast with the latest information and resources to respond competently and confidently to callers' questions and requests.

DHS also worked closely with One Degree (1degree.org), an online information and referral platform for social services and supports, allowing community members to find resources using an accessible search engine that links to a robust set of specific resources organized by category (Urgent, Family & Household, Food, Health, Housing, Education, Legal, Employment, and Money).

System navigation services

As noted earlier in this report, the COVID-19 Community Equity Fund is a community initiative that directly funds community partners to support key COVID-19 response activities. Conversations with community partners elevated partners' desire to directly support COVID-19 response activities, specifically, contact tracing. And while some funded organizations have decided to support contact tracing efforts, the COVID-19 Community Equity Fund offered additional options for enlisting partners. In partnership with DHS, the COVID-19 Community Equity Fund funds community organizations to conduct community outreach and provide limited direct services to those most impacted by COVID-19. Direct services have included system navigation (e.g., linkages to testing, vaccination, quarantine and isolation housing, medical care, and other social services); contact tracing; and case investigation at school sites.

As of January 2021, ten of the 31 community organizations funded through the COVID-19 Community Equity Fund had been contracted to provide system navigation services. Of the nearly 4,000 linkages made in support of community residents, most of the linkage related to food access (34%), followed by financial help (20%) and access to healthcare services (7%). These percentages highlight the continued need for the COVID-19 response to continue

beyond COVID-19 vaccination and testing and continue to facilitate access to resources and services that address the social determinants of health that support daily living.

Expanding existing partnerships

Public Health's Office of Women's Health (OWH) partnered within its existing network of 47 domestic violence service providers to distribute thousands of pieces of personal protective equipment (PPE) such as face masks, face shields, and hand sanitizers for use by this highly vulnerable population. The provision of domestic violence shelter and support services were critical during the pandemic response. With the PPE distribution, domestic violence service provider staff were able to more adequately protect themselves while serving survivors as well as provide PPE to their clients, many of whom were people experiencing homelessness and negatively impacted by the pandemic. Additionally, OWH received home testing kits from the Public Health COVID Team and distributed them to the same network of domestic violence providers.

Public Health's Office of Violence Prevention (OVP) recommended the inclusion of Community Violence Intervention Workers in the Community Health Worker Outreach Initiative (CHWOI), as these peer outreach workers proved to be serving as a lifeline in communities devastated by the increase in violence that accompanied the COVID-19 pandemic. The early phase of this initiative included 6 violence intervention agencies that hired more than 180 peacekeepers to promote COVID-19 safety in communities across LA County between October – December 2020, and embedded field safety in the multidisciplinary peer training. OVP also worked with the department to prioritize gang intervention agencies working with the City of LA and OVP's Trauma Prevention Initiative (TPI) to receive PPE and distributed masks and other items monthly to 15 different agencies across the County, to recognize these staff as essential workers, and to protect their safety in the field. These efforts helped to demonstrate the value of Community Violence Intervention as public health ambassadors to not only promote peace but support the basic needs of communities.

Food access

Public Health's Nutrition and Physical Activity Program has worked with 18 funded partners on food distribution efforts prior to the COVID-19 pandemic as part of the state's Supplemental Nutrition Assistance Program-Education (SNAP-ed) funding. A key strategy of the program is to increase access to healthy food by distributing fresh, wholesome produce in parks, schools, health-care clinics, and other community-based settings. Since the beginning of the pandemic in March 2020, Public Health and community-based partners have coordinated free produce distributions serving Latino/x and other highly impacted communities in Antelope Valley, Canoga Park, Pacoima, Sylmar, East Los Angeles, and San Fernando Valley area. Approximately 777,600 pounds of fresh produce have been distributed over a course of over 250 events, reaching nearly 45,000 individuals.

Public Health also offered food distribution at Public Health’s Wellness Communities. Since October 2019, the Wellness Community in Willowbrook (MLK Healing Center) has worked with a local community-based organization to distribute free groceries. By October 2021, this effort had expanded with support from Public Health’s Nutrition Program to a total of five Wellness Community locations: Antelope Valley Health Center/AV Wellness Community, Hollywood-Wilshire Wellness Community, Pomona Wellness Community, and Whittier Wellness Community. To date, a total of 92 produce distribution events have been held, distributing at least 161,477 pounds of fresh produce for low-income individuals and families. In addition to these Public Health-funded efforts, Public Health staff have also partnered with Jesus Loves You International to distribute food during Wellness Community activities taking place in County parks. Between February 2022 and May 2022, 145 households were served at one County park in the Santa Clarita Valley.

These events alone served nearly 30,000 individuals from approximately 8,700 households, more than a third of which reported having an individual with a chronic condition in their household. Efforts to maintain health by managing chronic conditions are critical to close the gaps in COVID-19 health outcomes.

5) EQUITABLE POLICIES & INVESTMENTS: Continue to support local and national policies that alleviate the burden of this disease and promote more equitable investment in our communities.

The COVID-19 pandemic and its long-term impacts will continue to be an important issue for our County and particularly for highly impacted communities. People of color and people living in neighborhoods with fewer health affirming resources, have felt the most devastating burden of COVID-19 and will require ongoing investments to support their recovery and healing while preventing the disproportionality and injustice of future events.

Advocacy for use of existing policies and the need for additional laws and investments

The disproportionate impact of COVID on people of color and in communities of high poverty, highlight the need for:

- Strong public health infrastructure that is adequately and sustainably funded to prevent delays or gaps in services that limit the capacity to respond to community needs; this public health infrastructure includes community organizations and health care clinics.
- A public health workforce that reflects the diversity of communities served and includes pipelines for community members with lived experience to enter the workforce and ascend the career ladder all while earning a living wage
- Equitable investments and policies and related enforcement-related supports to:
 - Offer worker protections (e.g., universal health care, paid time off)

- Foster family stability (e.g., free childcare) and support overall well-being (e.g., access to quality housing, jobs that pay a living wage, healthy food, safe places to recreate outdoors, opportunities for social support, access to technology)
- Support small businesses prepare for emergencies (e.g., grants, not just loans, for rent and to implement protective measures, access to PPE)

As a result, Public Health leaders have continuously highlighted these needs during testimony at congressional hearings, conversations with elected officials, gatherings with local business leaders, and philanthropic partners.

Flexible funding from philanthropic partners

Public Health has worked closely with philanthropic partners from the beginning of the pandemic. These partners have proven essential to bolster activities that could not be easily funded with other revenue sources. The PHCs outlined above, for example, have been directly supported by philanthropic investments. Another example of a philanthropically supported initiative is the Grassroots Grant Fund Program. The idea behind this program arose when Public Health convened small group discussions with faith-based leaders that primarily serve Black/African American and Latino/x congregations to understand their perceptions of and solutions to the barriers to COVID-19 vaccination. Based on these dialogues, Public Health learned that despite voluntarily conducting these activities for their congregations, FBOs were often left out of funding opportunities to support COVID-19 vaccination (e.g., hosting mobile vaccination sites, partnering with local vaccine providers, phone banking, making appointments, coordinating transportation). With this feedback in mind, Public Health raised the concern with the LA County Chief Executive Office's (CEO) Center for Strategic Partnerships (Center). Together, Public Health & the Center secured a total of more than \$635,000 from several philanthropic partners. As a result, more than 216 faith and community-based entities participated in the Grassroots Grant Fund Program and received small grants ranging from \$2,500-\$5,000, resulting in hundreds of vaccinations in areas/groups hardest hit by COVID-19. In addition to the grant program, feedback from the small group discussions with FBOs resulted in Public Health working in partnership with Charles R. Drew University of Medicine and Science to support FBOs role as trusted messengers in their communities by providing train-the-trainer sessions, standardized toolkits, small group discussions where congregants could raise questions (e.g., "COVID Talks"), and social media content.

A similar program was put into place for community and faith-based organizations to support school-based vaccination sites. As of April 2022, \$265,000 have been awarded to 46 CBOs and FBOs to support vaccination and booster clinics at schools.

Public Health is continuously exploring opportunities to sustain these innovative funding strategies by leveraging philanthropic investments and other supports.

Investments in community initiatives

As noted throughout this report, Public Health has made various investments in community initiatives including the Community Health Worker Outreach Initiative, the Public Health Councils, and the COVID-19 Community Equity Fund. As of January 2021, these investments have totaled nearly \$73 million and have contracted nearly 60 organizations. Funding for these efforts have come from both federal and locally generated sources and reflect Public Health's commitment to ensuring any funds received directly benefit local communities. Efforts are underway to sustain these investments that hire people from local communities that understand community needs and preferences. Decreases in federal funding threaten the sustainability of this important work and require ongoing advocacy from Public Health, residents, and community partners. Partnerships with philanthropic organizations have helped address some of the activities that could not be paid for through other mechanisms, however, investments of more flexible dollars that facilitate community organizations' participation in County-led activities and community needs (e.g., funds to support meeting the County's insurance requirements, temporary housing, funeral expenses) cannot be sole responsibility of these partners.

6) COMMUNITY VOICE: Include community voices in our response and recovery plans and develop community-specific action plans to implement recommendations where possible.

As demonstrated throughout this report, ensuring community-elevated concerns and solutions informed COVID-19 response and recovery plans has been the centerpiece of Public Health's approach.

Support spaces convened by community partners

Advancement Project

The Advancement Project California's Cross-Sector Group issued its [Implementation Recommendations from the Race and COVID-19 Cross-Sector Working Groups](#) on July 21, 2020. The recommendations were developed in partnership with 32 community-based organizations. Public Health, DHS, and the Department of Mental Health (DMH) worked with the cross-sector group on various occasions to understand the needs behind the recommendations and identify solutions to the widening gaps in COVID-19 outcomes. These conversations shaped many of the strategies used as part of community based and communications-related initiatives.

Leverage existing groups convened by Public Health

Public Health's commitment to equity is embedded into its mission and everyday operations. While much work remains to be done, there are key initiatives happening across the department that center dismantling structural racism and working collaboratively with communities that are directly impacted by the issue as well as multi-sector partners that oversee levers that can directly tackle the disproportionality. At different points in time during the pandemic, Public Health has sought counsel from spaces convened to do justice work to ensure equitable approaches are embedded into the COVID-19 response.

Public Health advisory bodies

Public Health has advisory bodies that include representatives appointed by Board offices, including the Community Prevention and Population Health Task Force and the Public Health Commission, among others. These entities have provided wise counsel regarding which organizations have experience working in specific geographic or demographic communities as well as on best practices suitable to diverse populations. experience.

Convene new groups based on community-elevated needs

While looking to spaces convened by partners and existing Public Health advisory bodies has been effective, as the department has learned more about community members' needs and preferences, the need to convene additional groups has been necessary. Public Health's Center for Health Equity has been actively engaged with CBOs as part of an effort to build spaces to address the unique needs of highly impacted communities, and particularly for historically underrepresented communities, such as Black/African American, Latino/x, people with disabilities, Asian/Pacific Islanders, Indigenous peoples, immigrants, and lesbian, gay, bisexual, transgender, queer, (questioning), intersex, asexual, and agender (LGBTQIA+) individuals. This has resulted in the establishment of three advisory/workgroups: COVID-19 Community Advisory Council, the Data Access Workgroup, and the Language Justice Workgroup. Each group serves as a space where community concerns are elevated, recommendations are shared, and opportunities to work in collaboration to develop solutions in addressing COVID-19 inequity are created.

Ensure ongoing mechanisms for residents and contracted partners to elevate needs and concerns

Townhalls

Aside from the telebriefings described previously in this report, Public Health has solicited and elevated community input and questions through virtual evening townhalls. Since early 2020, these virtual spaces have been crucial to learn how Public Health's actions were affecting communities and what questions or misinformation and disinformation was circulating across the County. Fifteen virtual town halls have been conducted since the beginning of the

pandemic, ranging on topics from vaccine availability to updates to Health Officer Orders. Townhalls have been streamed live on social media channels and have been simultaneously translated into Spanish, Chinese and Korean, reaching a combined audience of more than 1 million people.

Ongoing Feedback Loops with Community Health Workers

The various community initiatives described throughout this report have ongoing feedback loops embedded into their daily operations. Processes used to gain insights and guidance, often related to engaging specific population groups, from contracted community-based organizations on an ongoing basis have included:

- Convening working group meetings to gain community-level expertise into campaign direction, messaging, and tactics
- Convening regularly scheduled open office hour meetings for real-time feedback and to elevate questions being raised by community members
- Conducting surveys to gauge effectiveness and utility of support activities
- Participating in convenings to gather insights on the challenges and opportunities of serving as a County contractor

These forums provide important community information that directly inform messaging and materials developed for use by contracted CBOs and other community and faith-based partners.

7) DATA: Provide more inclusive data collection, reporting, and deeper analyses to understand the unique risk and preventive factors among highly impacted communities.

Data is critically important for identifying and characterizing gaps in health outcomes among communities and is just the first step to understanding and addressing the disproportionalities. Providing more inclusive data collection, reporting, and analyses to identify disparities in health outcomes and understand the unique risk and preventive factors among highly impacted communities is a Public Health responsibility. Data analyses and the specific implications for overburdened communities have been and will continue to inform Public Health's efforts, as has been the case at significant points in time during this pandemic, including:

- Ensuring equitable distribution of testing, vaccines, and therapeutics
- Allocating limited resources and supplies, ranging from PPE to grant dollars
- Issuing Health Officer Orders (and other sector specific protocols)
- Enforcing HOOs and other requirements
- Supporting worker safety in all industry sectors

- Lifting of required health protective measures, such as universal masking
- Reintroducing health protective measures to safeguard the public's health in high-risk settings and in response to emerging threats, including the spread of more transmissible or virulent COVID-19 strains
- Receiving less funding from federal and other sources

Transparent and easily accessible data

Public Health hosts multiple dashboards on our website and regularly updates the numbers on these dashboards. As a key equity principle, data that reflects community information belongs to the people and should be made readily available and easy to understand and use. Throughout the pandemic, Public Health has made data, organized in different ways, readily accessible and available to the public. Various dashboards have been developed to highlight progress and ongoing efforts in multiple areas, including but not limited to:

- COVID-19 cases and deaths (overall, by race/ethnicity, gender, age, poverty, city and community, and school district)
- Vaccine administration (by race/ethnicity, age, gender, school district, and city and community)
- COVID-19 testing and positivity rate (schools, skilled nursing facilities)
- Contact tracing (cases and contacts completed the interview, number of contacts identified through case interviews)
- Outbreaks at non-residential settings (including workplaces, food and other retail settings, residential congregate and acute care settings, homeless service settings, correctional and law enforcement settings, and educational settings)
- Skilled nursing facilities (cases, deaths, testing, vaccination)
- TK-12 schools and youth programs (cases, testing, and vaccination)
- Post-surge strategies (current CDC community level, early alert indicators, priority sector response, community safety protection measures and prevention strategies)
- Preparedness (access to vaccine, therapeutics, testing; sequencing specimens; outbreak management plan)

Making vaccine data available for communities has also been a major priority, especially as we aim to describe disproportionality in outcomes and trends in key protective measures, such as vaccine uptake. Public Health has also created user guides at the request of external partners so they can more effectively share data with their clients and partners.

Data from these dashboards and key strategies to reduce risk and close the gaps in COVID-19 outcomes are often highlighted and shared during regularly scheduled Public Health media briefings. Media partners are then able to ask questions about the data and strategies presented and to share key information with the public.

The work of the data teams has also been recognized with the following awards:

- NACo (National Association of Counties) Achievement Award: COVID-19 Data Dashboards
- NACCHO (National Association of County and City Health Officials) 2022 Innovative Practice Silver Award: Data Transparency to Inform an Evidence-Based, Partnered Pandemic Response

Data collection infrastructure—Standards of Practice

Public Health has worked to establish guidelines for the standard collection and reporting of data on race/ethnicity across the department, allowing programs to: 1) use consistent definitions in assessing racial/ethnic disparities in health determinants and health outcomes; 2) assess progress in reducing racial/ethnic health disparities and inequities; and 3) compare results across programs and with other data sources (e.g., the US Census and the Centers for Disease Control and Prevention). Based on needs described by a variety of community partners at various points time during the pandemic, Public Health developed various Standards of Practice (SOP) to inform data collection conducted by the department.

Race and Ethnicity SOP

This standard of practice describes how Public Health programs should structure questions to collect data on race and ethnicity, the minimum categories or response options to be collected, and guidelines on how to aggregate the responses. Programs may collect more data but must meet minimum criteria established by the SOP.

Sexual Orientation and Gender Identity (SOGI) SOP

This standard of practice provides guidance for how Public Health programs should ask questions to collect data regarding sexual orientation and gender identity, the minimum categories or response options to be collected, and guidelines on how to aggregate and report the responses. Again, programs may collect more data but must meet minimum criteria established by the SOP.

These standards are important as they shape not only how COVID-19 data are collected, analyzed, and reported, but also how information on other health topics is collected, analyzed, and reported.

Public Health continues working with the state and local academic partners to identify best practices that facilitate and standardize data collection across a variety of partners (e.g., laboratories, medical providers), ensure compliance with existing data collection requirements set forth by the state, and disaggregate data collection and reporting to better elucidate the community-specific impacts of COVID-19.

8) CONTACT TRACING: Provide contact tracing and tracking

Contact tracing is a confidential process led by Public Health to identify and monitor close contacts of a case in order to slow the spread of COVID-19. This process begins when a laboratory or a healthcare provider notifies Public Health about a positive test result. Public Health then assigns the case to a Public Health specialist who conducts a confidential follow-up interview with the case (case investigation). Case investigation requires that trained public health specialists interview individuals reported to Public Health as having COVID-19 to solicit information about their symptoms, risks, and possible exposures and others with whom they had close contact and who are potentially exposed, provide information on how to prevent further spread, and ensure that the person who is positive is connected, as needed, to support while they isolate from others. The public health specialist notifies the list of potential close contacts of their potential exposure, what to look out for, and what to do, without revealing the identity of the case. Close contacts are provided with information and resources to ensure that they can self-quarantine from others. The Health Officer Order requires that those infected with COVID-19 isolate and all close contacts quarantine for designated amounts of time; this strategy limits the ability of people who are positive to spread the virus to others. It also helps assure that those that are close contacts avoid unknowingly exposing others during the period when they could become positive. While contact tracing efforts have evolved over the pandemic, as of April 2022, thousands of trained public health specialists completed more than 700,000 interviews with nearly 31% of identified cases and over 187,000 interviews with 63% of identified close contacts

Public Health has had to expand and contract its contact tracing efforts based on emerging needs throughout the pandemic. At the height of the winter 2021 surge, case numbers peaked at more than 20,000 new cases in a day. Public Health reassigned its staff and leaned heavily on partners who have trusted relationships in, and oftentimes reflect the racial, ethnic, and linguistic diversity of local neighborhoods to augment contact tracing. Most importantly, partners worked with cases and close contacts to determine their needs related to COVID-19 and help them access wrap-around services that promote well-being and facilitate compliance with isolation and quarantine directives (e.g., employment/unemployment benefits, CalFresh, housing, conflict resolution, and domestic/intimate partner violence resources) in their preferred language. Most recently, COVID-19 contact tracing efforts were reconfigured to expand and reallocate resources to conduct monkeypox related contact tracing.

Mobilized County Disaster Service Workers

County Disaster Service Workers (DSWs), state and LA city staff were trained and pulled from their regular assignments to do contact tracing. Staff from Departments such as County Library, Human Resources, and a multitude of other Departments were in service to their

community. Expanding the cultural and linguistic abilities of our workforce became paramount as the County experienced the winter surges. At peak points of the pandemic, more than one third of contact tracing staff was comprised of DSWs.

Contact tracing by contracted organizations

As noted previously, partners contracted through the COVID-19 Community Equity Fund have been mobilized to offer services including education, system navigation, and even contact tracing. Partners were trained on Public Health protocol and referrals and supported calls received through a designated call center and through field-based school sites. In addition, funded partners tracked and reported their calls directly onto Public Health systems so that the department, DSWs, and contracted partners all contributed to one centralized reporting system. As of January 2022, two funded organizations were supporting contact tracing activities and had directly contributed to completing more than 4,800 interviews with identified cases and 246 interviews with identified close contacts

9) COMMUNICATIONS & ENGAGEMENT: Strengthen a tailored communication strategy to increase language access and conduct more robust outreach, education, and engagement.

Each stage of the pandemic has required public education and engagement consisting of timely communications that center the unique experiences and concerns of highly impacted communities and deploy a combination of traditional media services (e.g., paid and earned media opportunities in both mainstream and hyperlocal ethnic media) and complementary “on the ground” education and outreach activities conducted through a network of trusted community-based partners. The following examples highlight some of the community initiatives conducted to date.

COVID-19 Community Equity Fund

A total of 58 CBOs were contracted to conduct one or more of the following COVID-19 related activities: outreach, engagement, and education; system navigation (i.e., linking people to testing and vaccination sites, isolation and quarantine housing, medical care, and other community and social resources); assistance with testing; case investigation; and contact tracing. As COVID-19 vaccines have become widely available, CBO partners have demonstrated great flexibility, pivoting alongside PUBLIC HEALTH to facilitate access to vaccination for highly impacted populations.

Serving the Latino/x Community through funded partners

The core of Public Health’s work has been to elevate the CBOs that have been in the community, prior to COVID-19, funding them to continue their missions. These funded

partners consist of the following orgs and trusted stakeholders that serve Latino/x communities:

COVID-19 Community Equity Fund

1. Alma Family Services
2. Anti-Recidivism Coalition
3. CIELO Comunidades Indigenas en Liderazgo
4. Coalition for Humane Immigrant Rights (CHIRLA)
5. Community Coalition
6. InnerCity Struggle
7. Kheir Clinic
8. Los Angeles Brotherhood Crusade
9. LTSC Community Development Corporation
10. Northridge Hospital Foundation (Dignity Health)
11. Pueblo y Salud
12. Southern California Resources Services, Inc.
13. Valley Care Community Consortium
14. Vision y Compromiso
15. Watts Labor Community Action Committee (WLCAC)
16. Young Invincibles
17. Chinatown Service Center
18. Esperanza Community Housing Corporation
19. International Institute of Los Angeles
20. Maternal and Child Health Access
21. Northeast Valley Health Corporation
22. Pilipino Workers Center of Southern California
23. QueensCare Health Centers
24. Asian Pacific Policy & Planning Council
25. Planned Parenthood Pasadena & San Gabriel Valley
26. St. John's Well Child and Family Center

Community Health Worker Outreach Initiative

1. Clínica Romero
2. Community Build
3. East Los Angeles Women's Center
4. East Valley Community Health Center, Inc.
5. Los Angeles Conservation Corps.
6. Heluna Health/TRAP Medicine
7. Providence Little Company of Mary Foundation
8. Southern California Crossroads
9. St. John's Well Child & Family Center
10. Wellness Center
11. Resilient
12. HELPER
13. Community Warriors 4 Peace
14. Soledad Enrichment Action
15. Children's Center of Antelope Valley

Community Health Worker Outreach Initiative (CHWOI)

In October 2020, Public Health launched the CHWOI, a program that mobilized a network of peer providers from within and outside of Public Health, to provide education and outreach in communities greatly impacted by COVID-19. About 17 agencies received assignments to work in more than 1,700 high priority census block groups across LA County. CHWs prioritized the top 15 communities based on high or ongoing rates of COVID-19 spread. By the end of their first round of funding (April 2021) CHWs had conducted more than 152,562 outreach events and reached an estimated 721,029 community residents. This initiative also provided an opportunity to build capacity for a community-based system of response and facilitate collaboration and cross-learning among more than 1,000 individuals across different peer outreach models, including violence intervention, promotores, parent advocates, and youth advocates.

CHWOI has been awarded over \$53 million in federal funding since 2020. Of that amount, over \$45 million has been awarded directly to contracted CBOs who have demonstrated experience serving as trusted messengers and providing culturally and linguistically appropriate services in historically underserved communities. These investments will benefit

CBO partners beyond the pandemic since, aside from funding, they also receive mentorship, training, and technical assistance to build upon their organizational capacity.

Public Health has strived to craft tailored communications that lead with an equity narrative, use community preferred communication channels and spokespeople to establish rapport and trust, and provide timely, responsive, and accurate information. Elevating community voices builds stronger and more durable public health practices. By including a broad range of communities, specifically our marginalized and vulnerable communities, we ensure their concerns and needs are addressed, and are included in outcomes and recommendations whenever possible.

Engaging with community through tailored communications

Public Health has strived to craft tailored communications that lead with an equity narrative, use community-preferred communication channels and spokespeople to establish rapport and trust, and provide timely, responsive, and accurate information. Elevating community voices builds stronger and more durable public health practice and is the backbone of our pandemic response. By including a broad range of communities, specifically our marginalized and vulnerable communities, we ensure their concerns and needs are addressed, and are included in outcomes and recommendations whenever possible.

Public Health has deployed a variety of in-language strategies to communicate and engage with diverse communities across the County. This work also includes reaching a bilingual audience and multigenerational households with varying degrees of comfort with English and specific preferences for the type of media they consume. These strategies include:

- **Partnerships with Prominent Community Figures:** Collaborating with trusted and recognizable voices to share key information and personal experiences about COVID-19 and vaccinations and create space for dialogue about issues that specifically relate to the Latinx community
 - Community members: “I’m Vaccinated Because...”/ #EstoyVacunadoPorque campaign with Gladys, [director of @ChicasMomInc](#); Community Health Worker [Neida](#); Community Health Worker [Antonio](#);
 - Community nurses and physicians: [Gema Morales Meyer](#), [Dr. Eloisa Gonzales](#); [Carolyn Urquidez - Kidneys Quest Foundation](#)
 - Social media partners: [@ChantelHouston](#); [@erickGalindo](#); [@frenchismexican](#); [@greisyhh](#)
 - Sports teams: Chargers, Clippers, Dodgers, LA Galaxy, Kings, LA Football Club, Lakers, Rams, UCLA Football
 - Figures in sports or entertainment: [Danny Trejo](#); [Pau Gasol](#); [Jaime Jarrin](#); [Gustavo Dudamel](#)

- **Standard Messaging and Printed Materials:** Developing and updating materials for use by staff contracted to conduct community education and engagement as part of initiatives described in this report. In-person outreach activities where these materials have been used include door knocking and drop-offs at homes & businesses, sidewalk campaigns, and tables at in-person events including vaccination sites and resource fairs
- **Online Resources:** Sharing materials and messaging to launch and maintain audience or topic-specific websites, including <http://VaccinateLACounty.com> and <http://VacunateLosAngeles.com>; as well as listservs and newsletters that now reach hundreds of thousands of subscribers across LA County
- **Paid Media:** Placing community-specific messaging in paid media outlets (e.g., television, radio, digital billboards, and digital and streaming services) and community preferred locations (e.g., WIC offices, corner stores, transportation hubs) targeted to reach populations in highly impacted groups or locations in LAC. Some of the community preferred media channels used to specifically reach LA County’s Latinx populations include:

Print channels: La Opinion, Excelsior LA, LA Daily News, Whittier Daily News

Radio: POWER 106, KLVE 107.5, KSCA 101.9, KRCD 103.9/98.3, Jose 97.5/107.1, Mega 96.3, Real 92.3, 93.5 KDay, KTNQ 1020 AM

Media channels on public transit: Metro, DOT, StreetsLA

- **Earned Media:** Leveraging opportunities to work with in-language or trusted community-specific spokespersons (e.g., faith leaders, celebrities, athletes, social media influencers) and other entities who donate their time or resources (e.g., paid media placements) in support of the COVID-19 response
- **Targeted Social Media:** Developing easily shareable content in multiple languages; conducting geotargeted social media promotion to share news about the status of COVID-19 in LA County and garner interest in Public Health messaging/programming; and amplifying complementary messaging/programming offered by community partners
 - As of June 2022, these varied activities have resulted in more than:
 - 15,134,735 visits to Public Health’s COVID-19 website
 - 350,000 followers on Public Health’s social media platforms
 - 111,200 Facebook “Likes”
 - Twitter followers increased from 17,768 in January 2020 to 135.4K in June 2022
 - 103,000 Instagram followers

- **Phone Lines and other Phone-Based Strategies:** Providing access to services and supports, particularly for community members with less access to or comfort with technology and the internet (e.g., Vaccine Call Center for older adults and people with disabilities); contacting community residents through the use of robocalls with in-language COVID-19 related messages and text-based phone campaigns; partnerships with social service and faith and community based organizations to connect callers with vaccinations and other service referrals
- **Media briefings:** Providing members of the media regularly scheduled information (e.g., latest testing, case, hospitalization, and death data) and opportunities to ask questions to share key information with the public at large; special sessions for ethnic media partners for them to ask community-specific questions
- **Podcast:** Curating more in-depth content on the LA Public Health Podcast. Hosted by a Public Health employee, the podcast highlights contents from the media briefings and showcases interviews with public health officials and special guests covering a range of topics including the importance of vaccination to the impacts of long COVID
- **Promotion of New and Existing Programs and Services:** Sharing news about available services, virtual events, and COVID-19 safe in-person events.

Beyond all the communications strategies, ever-changing COVID-19 communications needs have also required a nimble, coordinated approach, particularly between Public Health; Department of Mental Health; Department of Consumer and Business Affairs and its respective Office of Immigrant Affairs; Department of Workforce Development, Aging and Community Services; to contract, onboard, and mobilize communications firms and community-based partners.

Next Steps

Around the world, including across LA County, COVID-19 and its devastating effects are now a permanent fixture in everyone’s life. While we may no longer be in the crisis phase of the pandemic response, it’s important not to lose sight of the ongoing threat posed by the deadly SARS-CoV-2 virus, particularly on those that have suffered the direst consequences. Maintaining the equitable gains laid out throughout this report and continuing to work closely with partners to make more marked improvements in closing the gaps for communities of color and lower income areas of our County, are top priorities for Public Health. To this end, the following actions describe some of the continuous work for Public Health and its varied partners.

Re-stating the goal of the overall COVID-19 response

Public Health remains steadfast in its goal to reduce serious illness and deaths from SARS-CoV-2 and strongly believes is utterly inappropriate to tolerate disproportionality that results in higher rates of illness, death and long-term disability among some residents and workers when there are collective prevention strategies that can mitigate spread and serious illness. We will continue our focused attention on safeguarding health and fostering wellbeing among our residents at high risk for severe outcomes, including older adults, persons with underlying health conditions, individuals living in communities with high poverty rates, people of color, people who are unvaccinated or not fully vaccinated, and workers with many exposures at their job and in the community.

Activities aimed at closing the gaps

To reach the goal at hand, Public Health will continue to:

- Support and resource Worker Councils and Worker Centers to ensure that lower-wage workers can organize for health and safety at workplaces
- Invest in health-career pipeline programs that support Black, Latino/x, and low-income students and residents
- Require health and medical training programs offer multiple opportunities for students to learn about and incorporate anti-racist practices and policies
- Partner with others that have the power to and are leading efforts to change systems, policies and practices that perpetuate racism, discrimination, and marginalization

Ongoing investments

To carry out efforts that close the gaps in COVID-19 and other disparate health outcomes, Public Health will continue realigning and coordinating its resources to sustain equity efforts and advocating for ongoing investments in support of community partners. Areas of investment and continued advocacy regarding allocation of resources include:

- Easy/barrier free access to testing, vaccinations, therapeutics, and PPE
- Consistent resources to a network of trusted organizations in hard hit communities that are the backbone of public health response; offer support for peer-to-peer programs (e.g., ambassadors, Community Health Workers)
- Protections for workers: ventilation and infection control standards; paid leave for medical care; compliance with PH safety measures
- Requirements to be up-to-date on COVID-19 vaccinations in high-risk settings and/or for those working with populations at high risk for severe outcomes
- COVID-19 services that are connected with other essential services that address food, income, and housing insecurity
- Support to improve health care providers' ability to provide testing, vaccinations, and therapeutics to their patients

- Additional resources that support improved access to high quality, culturally appropriate health, and medical care in under-resourced communities
- A network of public health neighborhood teams that partner with CBOs and residents in under-resourced communities to address threats to optimal well-being

Along with these strategies and investments, in the coming months, Public Health will issue additional reports to highlight the equity-focused strategies used to address the needs of some of the populations most disproportionately impacted by COVID-19, including LA County's Black/African American communities, Persons Experiencing Homelessness, and staff and residents at Skilled Nursing Facilities.