## About this Report

This is the first in a series of reports that serve to document the equity-driven strategies used to respond to the needs of communities most impacted by COVID-19. This report speaks specifically to strategies implemented in service of LA County's Black/African American 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 efforts 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 ongoing edits, including corrections from various stakeholders and additional activities.

## Suggested Citation

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## 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**** | |
|---|---|---|---|---|
| | Black LA County Residents | White LA County Residents | Black LA County Residents | White LA County Residents |
| **Cases** | **102.3** | **78.2** | **17,314.0** | **13,680.0** |
| **Deaths** | **13.2** | **5.7** | **308.0** | **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 2020, the age adjusted death rate among Black/African American LA County residents alone was more than twice as high than the rate among White residents. While case and death rates have narrowed since then, gaps persist between both groups.

## Story Behind the Data

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

### *Root causes of disproportionate health outcomes*

When we look at maps showing 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; and increased risk of COVID-19 infection with severe outcomes (hospitalization and death) due to underlying medical conditions. While individual behaviors

play 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 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 many, many decades of community disinvestment, social marginalization, and the legacy of racism. These inequities create and maintain a persistent and challenging problem that requires a collaborative, multi-sector approach to repair and prevent in the future.

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

## *Insights into the challenges faced by the Black/African American community*

Public Health's understanding of the story behind the data has only 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 key during critical junctures in planning and implementation of COVID-19 response and recovery strategies. These processes have been a cornerstone to recognize the invaluable knowledge, experience, and expertise community residents hold, particularly during decision making about how resources are utilized, and which interventions best align with community priorities and preferences. And while the Black/African American community is not a monolith, the contents of this section reflect themes that have arisen during conversations with Black/African American residents, community, faith, business, and communications leaders. Through these conversations, Public Health has learned more about the challenges that have made it difficult to curb the spread of COVID-19 and increase levels of highly protective vaccination rates in their communities.

### Challenges with access to COVID-19 tests and vaccinations

At the beginning of the pandemic, many Black/African American residents that wanted a COVID-19 test or vaccine experienced access-related challenges. Community residents and partner agencies reported difficulties securing online appointments because of community members' limited comfort or access to technology (e.g., laptops, reliable internet, limited data on pay-as-you-go mobile phone plans) and getting to testing or vaccination sites (e.g., not in their neighborhood, not within walking distance, not near transportation hubs, not accessible

to people with mobility limitations and other functional needs). In addition, community members reported distrust of pop-up sites in their neighborhoods from entities they had never heard of or seen before and preferred seeking COVID-19-related services from entities with a longstanding presence in their communities (e.g., South Los Angeles, Antelope Valley, South Bay) and who would continue to be there beyond the pandemic.

### Mistrust of governmental and health care related institutions

While there have been many Black/African American residents who have wanted and have received a COVID-19 test or vaccine, there are also many community members that have not. Residents have elevated the deeply problematic history between medical, public health, and governmental entities and community members of color and personal experience with bias exhibited by clinical providers as reasons for not seeking services from Public Health or other County entities. Additionally, Black/African American residents have frequently cited their preference for more natural and holistic approaches to preventing and treating COVID-19 (e.g., opting for natural immunity through COVID-19 infection, making dietary changes and taking food-based or other herbal remedies rather than visiting a doctor's office), especially during key developmental stages of life, such as pregnancy and childhood. And while these preferences have merit, in some cases, making these choices without taking any additional protective measures, including masking and limiting time with others when their vaccination status is unknown, 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 Black/African American residents to limit community spread has led some community members to recall relatively recent examples of unethical clinical practice by public health institutions and government entities that have directly influenced their trust in these organizations. Often cited has been the 1932 Tuskegee study conducted by the Public Health Service working with the Tuskegee Institute in Macon, Alabama, which aimed to document the progression of syphilis in Black men.[1] Although originally projected to last 6 months, the study went on for 40 years; 600 black men were enrolled in the study, more than a third of whom did not have syphilis. The extremely problematic study was conducted without the patients' informed consent, did not provide infected patients with the proper treatment needed to cure their illness, and never offered study participants the choice of quitting the study, even after penicillin became the treatment of choice for syphilis. The legacy of this reprehensible act has led to mistrust in institutions leading the COVID-19 response, including

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1 Centers for Disease Control and Prevention. *The Tuskegee Timeline*. (April 22, 2021). Retrieved from: https://www.cdc.gov/tuskegee/timeline.htm

the federal Centers for Disease Control and Prevention (CDC) and Public Health, and in life saving services, including vaccination.

Further, the intentions behind short term, pop-up vaccination and testing sites have also been questioned, as the need for healthcare and other services that support daily living (e.g., easy access to healthcare, food, and employment assistance, among others) have often gone unnoticed or inadequately addressed for decades. For many Black/African American residents and service providers, short term strategies where relative strangers come in and out of their neighborhoods are disrespectful because they do not consider an individual and family's overall needs, which are often far more pressing than the risk of COVID-19. The strategies also did not address the persistent challenges that make it difficult to live a long and healthy life.

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 even expanding the local provider's existing menu of resources and services. Community members have also noted their desire for ongoing engagement with local providers, whose staff often mirror their community's diversity and understand their cultural preferences, to get their questions answered without judgement, and receive services and ongoing guidance when they have chosen to make an informed decision about vaccination. Residents 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.

### Misinformation and disinformation specifically targeting Black/African American community members

The longstanding mistrust of governmental and health entities has bred rampant misinformation (false or inaccurate information, especially that which is deliberately intended to deceive) and disinformation (false information deliberately and often covertly spread (e.g., by the planting rumors) to influence public opinion or obscure the truth). While some misinformation was based on a lack of or flawed understanding of clinical information (e.g., vaccines change your DNA), disinformation was aimed at exacerbating mistrust (e.g., vaccines insert microchips into people's arms for tracking purposes).

Understandably, this mistrust is a result of historic and personal experience with systems that have treated Black/African American community members unjustly. Public Health acknowledges the pain and trauma these experiences have caused in many communities of color and understands that decisions regarding whether to get vaccinated and many others, especially those that involve seeking assistance from government and health care institutions, can be difficult. Based on this context and personal accounts directly from Black/African

American residents and service providers, community members acknowledge the need for tailored messaging delivered by trusted 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. How quickly the COVID-19 vaccines were developed and authorized for use, in comparison to other vaccines, raised concerns about the development, testing, and safety of the COVID-19 vaccines. Community members often reported seeing a loved one or having personally experienced mild COVID-19 infection or feeling bad in the day or days after receiving their vaccine. They have 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 of for many who have continually struggled with other, often more pressing needs, including housing and employment.

### Fear of job loss if not in compliance with vaccination requirements

Noting their distrust of governmental and health entities coupled with acceptance of misinformation and disinformation, as many employers and certain high-risk sectors required workers to be fully vaccinated against COVID-19 as a strategy for worker and workplace safety, some Black/African American residents report feeling coerced into receiving their COVID-19 vaccination. The threat of job loss poses a threat on income and ultimately, a person's ability to meet their basic needs of daily living. As these daily needs take priority over all else, some Black/African American community members feel like they have been forced by employers and the government to accept a measure they would not have chosen to accept otherwise, and some even fear the long-term health consequences of this action.

These challenges have and will continue to inform the strategies used to address the gaps in COVID-19 health outcomes and vaccination rates among LA County's Black/African American communities. Strategies included in this report also reflect Public Health's ongoing commitment to health equity and fulfilling its mission to advance the conditions that support optimal health and well-being for all.

## 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 both targeted and tailored approaches among

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 and available data, scientific developments (e.g., availability of vaccines and therapeutics), new partnerships, and 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 slightly modified to clearly link back to the original nine strategies while more accurately reflecting the equity-focused work done throughout the pandemic, specifically in service of LA County's Black/African American residents. And while this report does not depict the totality of Public Health's COVID-19 response efforts, it does highlight activities that live 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 mitigation strategies of a public health pandemic response. These efforts have required strategic prioritization, large-scale coordination, and flexibility in operations as testing and vaccination supplies went from limited to widely available, more partners have joined the response, and as gaps in COVID-19-related health outcomes have become more apparent.

### 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 groups including a multi-sector coalition of community groups brought together by the Advancement

Project California, the testing strategy shifted from generally providing access across the County to 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 is coordinating a network of more than 300 testing sites across the County. As COVID-19 moves beyond crisis mode, DHS is working 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)*

While increasing the number of testing sites across the County, DHS also facilitated collaboration between community organizations 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 recent lack of continued 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, including Black/African American populations. FBO partners, including the African American Community Empowerment Council and LA VOICE, 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.

*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 demand, Public Health worked in partnership with the State to distribute millions of over-the-counter rapid test kits to reach schools, high-risk settings, and highly impacted communities via food pantries, community organizations, and social services agencies. Public Health also 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 a diverse group of local advocates, healthcare and equity experts, physicians, community-based organizations (CBOs), faith-based organizations (FBOs), and government representatives. Over 150 participants represented communities of color, seniors, caregivers, lesbian, gay, bisexual, transgender, queer, (questioning), intersex, asexual, and (agender) (LGBTQIA) individuals, persons experiencing homelessness, incarcerated individuals, and people with disabilities. Their wise counsel and the support of hundreds of community organizations resulted in vaccination of over 8 million Los Angeles County residents. And while this means that over 75% of all County residents 5 years old and older are fully vaccinated, coverage among Black residents 5 years old and older is 61%, as of April 24, 2022.

Public Health's Regional Health Offices and 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. As of the week ending April 17, 2022, 98% of SNF staff and 91% of SNF residents in LA County's 339 SNF facilities, have been fully vaccinated. And 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, since in many states, including California, from the beginning of the pandemic, SNFs with a population of at least a quarter Black and Latino residents were more likely to have at least one COVID-19 case.[2]

*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 some community members. Persons who did not have cars, had mobility or access challenges, or were unable to find someone who could drive them through the line could not easily access services at these sites. Further aggravating access-related issues was the State's web-based vaccine appointment system. Initial

[2] 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

iterations of the system were cumbersome, easiest to use for those with time to complete the tedious online process as well as those with access to and comfort using a computer. Prior to ample supply starting 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. To ensure vaccines actually 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). Eventually, Public Health removed other appointment barriers by launching a dedicated phone line to make vaccination appointments for those without internet access or 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 phone line also served to provide supportive services, including vouchers for Uber/Lyft and taxi rides 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.

*Equitable vaccine distribution*
While strategies to improve access have helped minimize some barriers to vaccine access, ensuring equitable distribution to 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. 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, with particular emphasis on recruiting partners in areas where vaccine coverage and provider availability were lowest, which largely included 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 the tracking and reporting to be in compliance with State requirements. This network included the following:

- Federally Qualified Health Centers (FQHCs)
- Community Clinics
- Primary health care providers
- Pharmacies (included retail settings and small local establishments)

Public Health has worked tirelessly to expand the capacity and geographic coverage of the vaccine network, while ensuring and maintaining easy access for Black/African American residents in disproportionately impacted communities. Four strategies were core to building the network, including: partnering with existing providers to ensure reach; using DPH/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 Black/African American residents. Through these efforts, the vaccine provider network has grown exponentially and efforts to expand the number of registered providers continue. As of April 2022, Public Health continues offering ready access to vaccines across a vast network of over 1,000 fixed sites and more than 600 weekly mobile sites at community and school sites, taking vaccines to worksites, housing developments, parks, places of worship, transportation hubs, & community events.

Particular 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 Los Angeles 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 Black/African American residents to help close the gaps in vaccination rates between racial/ethnic groups. During the week of April 22, 2022 alone, more than 20% (n=168) of mobile vaccine facilities were deployed to LA County cities/communities whose populations are comprised of at least 10% Black/African American residents such as Altadena, Bellflower, Carson, Compton, Gardena, Hawthorne, Inglewood, Lancaster, Long Beach, Palmdale, and Paramount.

**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 ongoing daily sites to provide vaccines on a walk-in basis 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, other public and gathering places, educational settings, faith-based organizations, community-based organizations, and service providers for people experiencing homelessness. Our dedicated mobile vaccination team has responded to requests from community members to meet them where they are at in order to increase access, provide onsite education, and address misinformation for those who are vaccine hesitant, including Black/African American communities. Hundreds of our mobile vaccination teams persist in their efforts to administer vaccines in neighborhoods where unvaccinated Black/African American people live and work. In total, as of April 2022, our mobile teams have administered more than 921,000 vaccines, at least 13% (>120,351 doses) of which have been administered in LA County cities/communities whose populations are comprised of at least 10% Black/African American residents such as Altadena, Bellflower, Carson, Compton, Gardena, Hawthorne, Inglewood, Lancaster, Palmdale, Paramount, and Signal Hill.

Closing the gaps, while increasing our vaccination coverage remains a priority. Hundreds of our mobile vaccination teams persist in their targeted efforts to administer first, second, and booster or additional doses of vaccines in neighborhoods with disproportionately low rates of vaccination among Black/African American residents.

Visits to homebound individuals: Alongside the Public Health Mobile Vaccine Team, Public Health currently partners with six external mobile providers to reach homebound residents who are at elevated risk of severe COVID-19 illness and are not able 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 March 2022, nearly 10,000 residents considered homebound were vaccinated, with an estimated 10,000-15,000 eligible residents across LA County. As of May 2, 2022, at least 13.4% of vaccines administered to homebound clients were given to Black/African American 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 that work with seniors or the homebound and provided them with information on how to request homebound services for their clients. Efforts to increase the number of health plans providing outreach and vaccines to homebound individuals are currently underway.

Door-to-door services: It has been vital to meet community members where they are at to eliminate barriers and help boost vaccination rates, especially among Black/African American 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. In response to this exact scenario, staff at Ted Watkins Memorial Park in Watts decided to pilot test door-to-door vaccine outreach. They mobilized community workers and healthcare provider staff to focus on the neighborhoods surrounding the vaccination site in South Los Angeles to provide information and help answer questions about the COVID-19 vaccine. After conducting direct outreach to residents within the surrounding area of Ted Watkins Memorial Park, staff saw an exponential increase in people visiting the site to get their COVID-19 vaccination. This type of outreach has helped build relationships and trust within communities that have had traumatic experiences with accessing the healthcare system. As a result of the success of this pilot outreach project, the program has been expanded to all the Public Health vaccination sites with staff also providing in-home vaccinations, if needed.

**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 in the Black/African American community also included low perceived risk of getting infected; low perceived severity of COVID-19 illness; perceptions about long-standing natural immunity from a prior infection; vaccine misinformation and disinformation; and a lack of trust in the healthcare system. We have worked extensively with trusted partners to eliminate these barriers, 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 Black/African American 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 Black/African American community to support local vaccination efforts concentrated in areas, including South Los Angeles, East Los Angeles, and the Antelope Valley. In South Los Angeles alone, over 140 churches have volunteered to

participate in vaccination efforts. Other partners, including Charles R. Drew University of Medicine and Science (CDU), have directly supported Public Health's collaboration with FBOs by coordinating their participation in Public Health-led vaccination sites. 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 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, DPH has also partnered with over 125 FBOs to bring mobile clinics to their sites. As of April 2022, mobile teams at faith-based organizations have administered nearly 64,000 COVID-19 vaccines.

<u>Collaboration with schools and school districts</u>: 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. Over 140 students across 32 schools continue meeting every week to receive training about the safety measures needed to protect themselves and their families. Public Health also coordinated the $302 Epidemiology and Laboratory Capacity (ELC) Schools Reopening Grant for public/ private schools to implement asymptomatic screening programs for students/staff. 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 partnerships with local organizations, including Black-led and Black-serving CBOs, 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. [3] *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 testing kits to community members, many of whom are from highly impacted areas. According to a 2018 report, 12.9% of participants at *Parks After Dark* were Black/African American.[4]

Public Health also maintains ongoing partnerships with YMCAs, McDonald's, and 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.

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[3] Parks After Dark, Preventing Violence While Promoting Healthy, Active Living http://publichealth.lacounty.gov/docs/parksafterdark.pdf

[4] Parks After Dark Evalution Brief 2018-2019, http://ph.lacounty.gov/ovp/docs/PAD%20documents/2018%20PAD%20Brief%20FINAL.pdf

## 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.

### Expansion of direct healthcare services

Public Health has 14 health centers across Los Angeles 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 Black communities, including Curtis R. Tucker Public Health Center in Inglewood and Martin Luther King Jr. (MLK) Center for Public Health in South Los Angeles and offer free healthcare services for those in need.

To ensure high-value testing, follow-up care, and to support the long-term sustainability of testing services, DHS also worked to integrate COVID-19 testing into the broader healthcare and public healthcare systems, including DHS' Ambulatory Care Network.

### Shift to primary care providers & the healthcare delivery system

One 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.

As the world moves toward a less crisis-driven phase of the pandemic, DHS recently announced a reduction of County community testing sites opting for a shift to regular

sources of care. LA County residents without insurance will still be 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. The aim is to move these 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. This move comes as the federal government has stopped providing money to fund COVID-19 tests for individuals who lack health insurance. Federal regulations require health insurers to cover FDA-approved COVID-19 diagnostic tests at no out-of-pocket-cost to the insured. As a result, limited available funds for free testing in LA County will be focused on providing access to testing for County residents who are uninsured. LA County residents with insurance can still access community sites through the County but must provide their insurance information to secure and receive a COVID-19 Polymerase Chain Reaction (PCR) test. Additionally, Public Health continues to supply CBOs and high-risk settings with testing kits as requested, to offer the resources needed to efficiently prevent large outbreaks and help protect vulnerable community members.

As previously noted, Public Health established a network of vaccination providers. And 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 well 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.

### Coordination with regular sources of care

Any shift in healthcare services has required working in lock step 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 targeted 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 to improve the

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 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 that 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 such as sexually transmitted infections.

Coordination efforts have also taken place with Medi-Cal plans and local providers that serve and conduct targeted outreach to the Black/African American community. For example, a small group of Black physicians with medical practices in the South Los Angeles area have come together to discuss how to increase one another's visibility among patients who may specifically look to a Black physician for care and guidance; address challenges that impacted their ability to join Public Health's or DHS' vaccination or testing networks; elevate misinformation, questions, and concerns commonly raised by their patients; and offer suggestions that could improve uptake of COVID-19 related testing, vaccination, and therapeutics among their patients.

## 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 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. 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 April 22, 2022, there are 593 sites providing antivirals across the entire County, with 326 sites located in highly impacted neighborhoods. To date, Public Health has distributed nearly 70,000 courses of these lifesaving medications to providers and facilities, with 64% of Paxlovid doses, 82% of Molnupiravir doses, and 67% of Evusheld allocated to providers in the most under-resourced communities.

### 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 (1) to be referred to their provider or a "Test to Treat" site to receive the medications, (2) to have their prescription sent to a nearby pharmacy, or (3) to have the medication shipped to them overnight at no charge. Since its launch, Public Health's Medication Telehealth Service has helped more than 360 residents navigate the process, get their questions answered, and receive lifesaving therapeutics in a timely manner. 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 network of 74 "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.](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.

### Therapeutics at Public Health vaccination sites

Patients who test positive and are symptomatic are directed to Public Health's COVID-19 information line to get connected to a Telehealth provider who can determine their eligibility to take COVID-19 therapeutics and then can get their medications shipped overnight.

These new medications are powerful tools for preventing severe illness among those at high risk. We remain focused on expanding partnerships with providers and pharmacies to ensure a vast network of providers, who can provide information, testing and prescribe the therapeutics, particularly in areas disproportionately impacted by COVID-19.

## 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, including Black/African American residents 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

Many of our Black/African American community members worked as essential workers throughout the pandemic, making them vulnerable to 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 was implemented to support 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. Between April 2021-April 2022:

- 45 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, oftentimes people of color, have been disproportionately harmed by the pandemic. Public Health has used HOOs, compliance checks, outbreak management teams (OMB), and partnerships with labor to protect workers from and reduce workplace exposures to COVID-19. To stop the spread of COVID-19 in local communities, 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 May 2, 2022, a total of 121 Health Officer Orders have been issued throughout the pandemic.

As of March 18, 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 Program put together a team of 32 sector-specific public health liaisons dedicated to different sectors and entities to help address questions, provide resources, and address concerns. Sectors for which Public Health assigned liaisons ranged from TK-12 schools to funeral homes and mortuaries. During the pandemic, our Emergency Preparedness and Response Program put together a team of liaisons dedicated to different sectors and entities to help address questions, provide resources, and address concerns. These teams are able to provide clarity on protocols and requirements and share feedback received to help 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 direct result of our engagement with communities to help continue those connections. This is a place where information is shared and is operated by DPH's liaison program to respond to the many emails, phone calls, 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. Since February 2021, 6,964 mobile vaccination clinics have been hosted by businesses, representing more than 20% of all mobile clinics deployed by Public Health. Worksite related-strategies 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.

*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 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 watch 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. This training was sunset once all business sectors were allowed to reopen without sector-specific COVID-19 safety requirements. 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. More than 400 businesses participated in this training that was sunset on March 7, 2022, after vaccination verification and masking requirements were lifted.

### Referrals to supportive services

Community residents and local partners have elevated the need for non-COVID-19 services throughout the pandemic. Public Health has 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, and other social service supports. 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 respond competently and confidently to callers' questions.

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 percent) and access to healthcare services (7 percent). These percentages highlight the continued need for the COVID-19 response to go 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.

## 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 Black/African American and other highly impacted communities in Antelope Valley, Compton, East Compton, Florence, Crenshaw, Hyde Park, Willowbrook, Lawndale, Watts, Torrance and Lennox. Approximately 777,600 pounds of fresh produce have been distributed over a course of over 250 events, reaching nearly 45,000 individuals. One of Public Health's key partners, Social Justice Learning Institute (SJLI), has a core focus in the South LA region and surrounding communities. Throughout the pandemic, SJLI partnered with social service organizations to not only distribute fresh produce, but also connect participants with helpful resources to help mitigate the economic impact of the pandemic.

Public Health also offered food distribution at Public Health's health centers. As of January 2021, at least four health centers had held a total of 20 produce distribution events for low-income individuals and families (Antelope Valley Health Center/AV Wellness Community, Hollywood-Wilshire Wellness Center, Pomona Wellness Community, and Whittier Health Center). These events alone served nearly 11,500 individuals from approximately 3,500 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 devasting 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-19 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 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, DPH & 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 directly supporting FBOs role as trusted messengers in their communities by working in partnership with Charles R. Drew University of Medicine and Science to provide 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.

### 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 the 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 a 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, including groups that directly serve Black/African American community members (e.g., Brotherhood Crusade, Community Coalition, Los Angeles Black Workers Center, Southside Coalition of Community Health Centers, among others). 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.

*Black Vax*
A variety of organizations and advocates already engaged in Black vaccination efforts came together to identify and implement interventions that aimed to improve vaccine confidence and uptake among Black/African American community members, primarily in the South Los Angeles and Antelope Valleys. This group has also worked tirelessly to address the contributing factors where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes in the Black/African American community. In addition, the workgroup monitors progress to achieving and exceeding the goal of a minimum 70% COVID-19 vaccine in Los Angeles County's Black/African American population. Although COVID-19 vaccines are a critical focus of this workgroup, solidifying a whole person approach to address historic vaccination challenges in Black communities, is a longer-term

aspiration of this group.  The members of this workgroup are compensated for their time and have a working budget that facilities activities, including communications, through traditional media (newspaper/radio) and social media engagement. Black Vax consists of the following organizations and trusted stakeholders:

1) South Central Prevention Coalition
2) Charles Drew University
3) KJLH Radio
4) Children's Hospital Los Angeles –USC UCEED
5) Ward Economic Development Corporation (EDC)
6) Community Stakeholder: Rev. Rhonda Holbert
7) Community Stakeholder: Michael Browning
8) Community Stakeholder: First Lady Darlene Bryant, PhD

### Leverage existing groups convened by Public Health

Public Health's commitment to equity is embedded into its mission, and thus, its 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 multisector 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.

*African American Infant and Maternal Mortality (AAIMM) Steering Committee*

The AAIMM Steering Committee guides the implementation of Public Health's 5-Year Action Plan to address African American infant and maternal mortality, as well as informs the development and implementation of strategies to complement the plan. This group also comes together to advance advocacy, awareness and policy change. As part of this role and given the sense of urgency to eliminate the gaps in COVID-19 health outcomes that are overburdening the Black/African American community, this group has provided ongoing consultation to Public Health, including discussing community attitudes and beliefs surrounding the COVID-19 vaccine and the need to continuously elevate the impacts and harm of racism on health outcomes beyond the pandemic.

*Public Health advisory bodies*

Public Health has some advisory bodies that have representatives that been appointed by Board offices, including the Community Prevention and Population Health Task Force, the Public Health Commission among others. These spaces have been helpful when seeking guidance on what organizations have experience working in specific geographic or demographic communities as well as on what activities may prove most effective based on their 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, people with disabilities, Asian/Pacific Islanders, Indigenous peoples, immigrants, and lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) 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 are very important and 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 a means to illuminating and characterizing the 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 understand the unique risk and preventive factors among highly impacted communities is a Public Health duty. Data and the specific implications for overburdened communities have been and will continue to inform Public Health's efforts, as we reach 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 protocol
- Enforcing HOOs and other requirements
- Reopening and supporting 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 virulent COVID-19 strains
- Receiving less funding from federal and other sources

### Transparent and easily accessible data

Public Health hosts several dashboards on our site and updates these numbers regularly. 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 available to the public. Various dashboards have been developed to highlight progress and ongoing efforts in these areas and other areas:

- COVID-19 data (overall, by race/ethnicity, by school district)
- Vaccine administration
- COVID-19 testing (schools, skilled nursing facilities)

- Contact tracing
- Outbreaks at businesses, schools, and skilled nursing facilities
- Early alert indicators

Making vaccine data available for communities especially as we aim to describe disproportionality in outcomes and trends in key protective measures, such as vaccine uptake. Public Health has even created User Guides at the behest of external partners who wanted to 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.

### 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.

## 8) **CONTACT TRACING:** Provide contact tracing and tracking

Contact tracing is a confidential process led by Public Health to monitor patient symptoms and close contacts 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 who have a positive lab result 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 mandates 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. As of April 26, 2022, thousands of trained public health specialists have contributed to achieving the following contact tracing related metrics:

- Completed 711,339 interviews with 30.7% of identified cases
- Completed 187,176 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 and, most importantly, to work 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.

### 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

Libraries, 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 call 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 achieving the following contact tracing related metrics:

- Completed 4,805 interviews with identified cases
- Completed 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 DPH to facilitate access to vaccination for highly impacted populations.

Public Health has worked diligently to support and fund Black-led and Black serving FBOs & CBOs as part of this initiative, including:

- Anti-Recidivism Coalition
- Los Angeles Brotherhood Crusade
- Watts Labor Community Action Committee (WLCAC)
- Young Invincibles
- California Black Women's Health Project
- City of LA FUSE Fellow
- African Communities Public Health Coalition
- Brookins-Kirkland Community A.M.E Church
- Community Health Councils
- Community Response of South LA

### Community Health Worker Outreach Initiative (CHWOI)

In October 2020, DPH 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.

Public Health has worked diligently to support and fund Black-led and Black serving FBOs & CBOs as part of this initiative, including:

- Community Build
- Heluna Health/TRAP Medicine

In total, more than $17 million has been awarded 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.

DPH 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. 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, including:

- **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
- **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
- **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
- **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
- **Promotion of New and Existing Programs and Services:** Sharing news about available services, virtual events, and COVID-19 safe in-person events

As of April 12, 2022, these varied activities have led to the following accomplishments:

- 9,193,303 visits to Public Health's COVID-19 website
- Total of 344,000 followers on Public Health's social media platforms
    - 10,411 Facebook followers
    - Twitter followers increased from 17,768 in January 2020 to 131.4K
    - 102,000 Instagram followers

Beyond all the aforementioned communications strategies, ever-changing COVID-19 communications needs have also required a nimble, coordinated approach, particularly between Public Health; DMH; 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.

### Co-developed messaging and materials with community partners and community-preferred communication channels

Black-led and serving community-based organizations have done the groundwork in tackling inequities exacerbated by COVID-19 and continue being a pillar of truth and outreach in the Black community. In February 2022, DPH held a media briefing entitled, "A Candid Conversation, About Us, For Us" that spotlighted community organizations striving to address the disproportionate negative impact the COVID-19 pandemic is having within the Black community. During the briefing, Renett Clough, Community Health Outreach Program Manager from the Brotherhood Crusade, described the "complete pivot" that her organization made at the onset of the pandemic so the organization could provide essential support services: "*Through our grassroots work we've learned to meet folks where they are, whether that's at parks or grocery stores. When COVID first came we had so much misinformation' such as we were told that Black folks couldn't get COVID, that if you got the vaccine, it would alter your DNA, that there was a zombie apocalypse. We heard all of that and none of it is true. Combating misinformation has been an uphill battle for the last two years. When we get ahead it seems there's new info, another variant. We've learned we must show up, we must be consistent. It can't be showing up for a day. We must constantly show up. As CBOs, we are that trusted messenger so that's a charge we take very seriously*," Clough concluded. DPH recognizes that the deep understanding and ability to ensure messaging aligns with how best to engage resides with community-based organizations that have been in the community and trusted for far longer than the COVID-19 pandemic. By leaning on trusted and expert voices from the community, for the community, we aim to directly combat misinformation and the disproportionate impact of COVID-19 in the Black community.

## Next Steps

Around the world, including across LA County, COVID-19 and its devasting 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 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 Black/African American 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 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 vulnerable 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*

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, Brown 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 vulnerable populations
- 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 Latino/Latinx communities, Persons Experiencing Homelessness, and staff and residents at Skilled Nursing Facilities.