

RACE COUNTS

RACE AND COVID-19: COMMUNITY-BASED RAPID RESPONSE SYSTEM

**Cross-sector
recommendations
to advance equity-
based solutions for
our hardest-hit
communities**

AUGUST 2020

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ACKNOWLEDGMENTS

“When you run alone, you run fast. When you run together, you run far.”

—Zambian proverb

Advancement Project California has convened the Race and COVID-19 Cross-Sector Work Group under the auspices of the RACE COUNTS initiative.

The implementation recommendations result from the collaborative effort of the Race and COVID-19 Cross-Sector working group participants. The participants represent the following agencies:

Advancement Project California	Community Coalition	Los Angeles County Department of Public Health
Anahuacalmecac International Baccalaureate World School	East Yard Communities for Environmental Justice	Los Angeles County Office of the CEO
Ballmer Group	Fairplex	Los Angeles Urban League
Brotherhood Crusade	InnerCity Struggle	SEIU Local 2015
California Black Media	Khmer Girls In Action	SEIU Local 99
California Community Foundation	LA Care	Southside Coalition of Community Health Centers
California Wellness Foundation	LA Voice	The California Endowment
CDTech	Los Angeles Black Workers Center	Tzunu Strategies
Children’s Defense Fund – California	Los Angeles City/County Native American Indian Commission	United American Indian Involvement
Coalition for Humane Immigrant Rights (CHIRLA)	Los Angeles County Department of Health Services	Urban Peace Institute
Community Clinic Association of Los Angeles County	Los Angeles County Department of Mental Health	Weingart Foundation

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INTRODUCTION

The COVID-19 pandemic response calls us to work together. At the start of the pandemic, there was hope that we would return to normalcy within months. Now even the most optimistic among us recognize that our response will need to span years and not months.

The situation is dire especially in communities that have been buffeted by the recession and COVID-19. The nightly news and media share stories of infected people dying alone without seeing their families before their passing. The mortality rates for Blacks and Latinos are disproportionate. These disparate infection rates and solitary deaths call us to work together to make quick progress in interrupting the spread of this deadly virus.

Longstanding systemic racial inequities fueled the pandemic's spread. Existing deep-seated distrust of government because of over-policing and federal government action were further exacerbated following George Floyd's murder.

Yet Los Angeles County leaders have taken action to address both systemic inequity and the spread of COVID-19 in highly impacted communities. Their efforts deserve to be celebrated and expanded through partnerships with community-based organizations.

The Race and COVID-19 Cross-Sector workgroup created implementation recommendations to activate a community-based response to stop the spread of COVID-19 in the most impacted communities of color, including non-geographically concentrated Indigenous and Pacific Islander communities. Since the workgroup started to meet, the situation has worsened, and the disproportionate impact has steadily increased.

Los Angeles County has an opportunity to address the overwhelming impact of COVID-19 on communities of color. We can diminish the spread of the virus in impacted communities by: identifying and targeting hotspot areas and vulnerable non-geographic communities with a surge of testing and other resources; by partnering with trusted messengers in the community, including ethnic media, to develop a culturally relevant communications strategy; and by activating existing community-based infrastructure with proven cultural competency to stop the spread of COVID-19 in low-income communities of color.

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BACKGROUND

Early in the pandemic, Advancement Project California pursued a query into the impact of the novel coronavirus on Los Angeles' most vulnerable communities without the ability to implement shelter-in-place orders because of overcrowded housing, dependence on public transit, and their role as essential workers. Its interactive report, *How Race, Class, and Place Fuel, a Pandemic*, documented the disproportionate impact of COVID-19. While COVID-19, the disease caused by the novel coronavirus, does not discriminate, systemic issues create an unavoidable situation that ensures that Black and Latinx communities get hit the hardest by the rapid spread of the virus. Issues include, but aren't limited to, inadequate safe housing, low-wage work that makes social distancing difficult, and very limited access to private transportation and uncrowded public spaces.

As of August 1, 2020, areas of Los Angeles County (henceforth LA County) with a higher number of Latinx residents have more than three times the number of cases as areas with low numbers of Latinx residents. Similarly, the number of cases in higher-poverty areas was three times the number in lower-poverty neighborhoods. The disproportionate impact of COVID-19 on Black, Latinx, and Pacific Islander communities has continued since the [report](#)'s initial release. Data for the American Indian/Alaska Native community is faulty, yet even with under-reported data, they experience morbidity rates more than twice the countywide average.

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As part of its interactive report, Advancement Project California included a set of recommendations crafted by community-based organizations (CBOs) who were leading mutual aid efforts in their communities. They created solutions needed to stop the spread of infection in their communities. The CBO leaders found willing partners within the LA County government to initiate a collaboration to develop implementation strategies and recommendations that leverage community-based engagement infrastructure to reach LA County residents that may be wary of engaging.

CBOs have adapted during the pandemic to meet needs and gaps that are difficult for even the best-intentioned government response to fill. Existing and growing mistrust of public agencies for various reasons, including the federal government's anti-immigrant policies and its response to the pandemic, keep many from accessing services. The rapid response systems and networks that were quickly activated by community organizations reinforce what many already knew. CBOs are a proven "battle-tested" infrastructure to deliver services and information, reduce violence, increase civic participation, and help people navigate public systems. The working group recommendations lean heavily on tapping CBOs and other nonprofit organizations as essential partners in Los Angeles County's pandemic response.

THE RACE AND COVID-19 CROSS-SECTOR WORKGROUP

Advancement Project California was encouraged by members of the philanthropic, community-based nonprofit, and government sectors to convene a working group to develop strategies to advance the recommendations made in its interactive report. It convened members of these three sectors and other stakeholders over six weeks to develop implementation recommendations for LA County's COVID-19 response in communities disproportionately impacted by the pandemic.

The Cross-Sector Workgroup has three working groups: Medical, Air, and Ground. The workgroup members represent philanthropy, CBOs, community clinic advocacy agencies, labor unions, ethnic media outlets, commissions, and LA County departments. Each sub-workgroup has two facilitators. Advancement Project California provides note-taking and logistical support.

The Medical working group focused on identifying hot spots in disproportionately impacted communities to focus the county's COVID-19 response. The response included identifying resources needed for testing sites and community clinics, liaising with CBOs, and providing surge testing for populations in LA County custody. The Air working group focused on developing a public/private partnership communications model that reaches vulnerable communities with culturally relevant content. Finally, the Ground working group leveraged its expertise in

community outreach, education, and mobilization to develop an engagement model. Their model activates CBO infrastructure at COVID-19 testing locations and at mobile testing sites for non-geographically based communities that are vulnerable to infection.

The Medical, Air, and Ground working groups prioritized the interactive report's recommendations and focused on those deemed most urgent. A "Hub and Spoke" model-with testing sites as hubs-emerged from workgroup conversations and analysis. Each working group considered how to implement and support this model. The following recommendations are the result of the working group's collaboration.

MEDICAL WORKING GROUP

BACKGROUND

The Medical working group focused on two priority recommendations: (1) create a “hot spot” map that includes an overlay of community clinics, testing sites, and CBOs and to then utilize mapping analysis to identify, verify, and prioritize locations for capacity surges in terms of testing, supplies, training, and support services; and (2) surge testing in adult and youth incarceration settings and develop a coordinated work plan to vastly increase testing of adults released from county custody—particularly those intending to return to hot spot communities or high-risk transitional settings.

In early July, Advancement Project California’s [hot spot analysis](#) was shared with the workgroup. The analysis explicitly accounts for race and poverty in identifying (by quintiles of severity) the communities with increased numbers of positive COVID-19 cases. This map also identifies

the nearby community clinics and CBOs to best connect people to testing and quality health and other wraparound services. The Department of Health Services (DHS) has also created its own hot spot map methodology that factors in community mortality, testing, and positivity rates and hot spots with county-operated clinics and federally qualified health centers (FQHCs). DHS is working to include CBOs on its mapping as well as identify transition clinics, which seek to serve individuals returning from incarceration settings. After extensive consultation and comparison, these maps are closely aligned, facilitating consensus on where exactly to surge resources.

In addition, DHS has worked to respond to the Medical working group’s priority to surge testing in the county jails and juvenile halls and camps. To date, all adults and youth in custody within the County have been tested

for COVID-19. DHS is continuing to test youth upon entry in juvenile halls and camps and before discharge when transferred to other facilities. In the adult facilities, those in custody are continuing to be tested upon entry, within the general population, and prior to release if they are being released to a facility or institution that requires testing. There are currently no protocols in place for testing prior to general release due to challenges in executing timely testing and for individuals to receive pre-release results given the unpredictability of release dates from county jails. In the interim, DHS has begun providing educational materials to newly released individuals on where and how to get tested in the community. DHS is also continuing to utilize its Whole Person Care program and resources to connect with adults reentering the community.

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IMPLEMENTATION RECOMMENDATIONS

The Medical working group recommends the following to ensure that our county partners continue to surge testing in communities with a high concentration of COVID-19 cases as well as identify specific populations that are typically underserved or dispersed around the County and not in one location.

1. Data Analysis and Tracking

a. DHS and Advancement Project California have created hot spot mapping that will be critical to continuing to track and understand the impact of COVID-19 on communities of color and specific populations. The Medical working group recommends that DHS continues to engage the cross-sector workgroup on its mapping methodology that determines the top 20 locations for surge testing. Once the top 20 locations are identified, the model should move beyond geo-

graphic location and ensure that specific high-risk populations or communities that have been historically underserved (including the Native American, Indigenous, and Pacific Islander communities) receive assistance potentially through mobile clinics and other outreach mechanisms that emphasize the expertise of community leaders or CBOs. As community conditions change, the hot spot mapping should be updated.

b. While there is an anticipated surge in testing, the Medical working group remains concerned about the testing capacity of each new site. The Medical working group recommends improving and expanding COVID-19 data collection efforts. This would consist of the County continuing to track the demographic data of those tested by zip codes and to build out markers and indicators to

analyze the capacity of sites to potentially shift resources and direct the public appropriately. Furthermore, the working group recommends the County retroactively gather the 45 percent of positive cases with missing racial/ethnic data to properly classify and collect more than one race in the online portal and 211 demographic scripts. To reduce American Indian and Alaskan Native (AIAN) erasure in the data, the working group recommends reporting American Indian and Alaska Native cases using the following definitions: (1) AIAN alone, (2) AIAN in combination with other races, (3) AIAN in combination with other races plus Hispanic; and actively improving data collection efforts, as well as collecting qualitative data from key stakeholders and community-based organizations in lieu of available county data, when necessary.

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IMPLEMENTATION RECOMMENDATIONS CONTINUED

2. Connection to Care

a. The majority of individuals currently tested in the City and County are not testing through their primary care provider or a clinic. As a result, patients are not receiving follow-up care. The County Department of Public Health has issued guidance for primary care providers to test their patients instead of sending them to temporary testing sites. It is important for this information to be uplifted and shared with the public through strategic messaging and public awareness campaigns. We also recommend that if a patient already has an assigned clinic through their health plan, Medi-Cal, or My Health LA and is tested, that there is a mechanism to notify the patient's primary care provider of positive test results, so they can follow up and coordinate care.

b. For individuals returning from custodial settings, the Medical working group continues to recommend that our county partners connect with CBOs working with reentry populations to ensure access to community testing and wraparound services.

3. Community Connection

a. Many CBOs are available to assist the County in accessing community to increase testing and ensuring that the public is aware of the ways in which they can be connected to community clinics as well as other services, including personal protection equipment (PPE). The Medical working group recommends that the County fund community clinics with liaisons to support the appropriate matching of CBOs and clinics and to ensure that clinics have the capacity to

engage in coordination with CBOs. The Ground working group has provided a model for engagement that requires community clinics to have liaisons to the CBOs working at the ground level. This role must be adequately resourced.

b. Contact Tracing: Provide CBOs with the opportunity to be trained and participate in contact tracing, especially in geographies where CBOs hold high levels of community trust and rapport. Explore accessible training options such as the Coursera Contact Tracing Course.

i. In addition, invest in community health workers or *promotoras* for CBOs to play a liaison role for either (1) follow-up for contact tracing with DPH/DHS or (2) support with linkage to care for individuals and families impacted by COVID-19.

AIR WORKING GROUP

BACKGROUND

Over the last several weeks, the Air working group has looked at how best to advance a high-impact, culturally sensitive communications campaign. With the active participation of the County, CBOs, ethnic media outlets, and philanthropy, the “Air Game” working group has been focused on developing a fully integrated plan and ecosystem that weaves in the communications capacity of its key stakeholders.

IMPLEMENTATION RECOMMENDATIONS

To adequately reach and inform high impacted communities—immigrants, Black, Latinx, Indigenous people, people of color, and low-income communities—the group has developed the following recommendations for the County’s consideration. Building on the County Board Motion, co-authored by Supervisors Solis and Kuehl and approved on June 9, 2020, the recommendations support the following priorities:

Support the development of culturally, linguistically, and literacy appropriate education materials.

The communications campaign would focus on the following subjects:

- free testing regardless of immigration or insurance status,
- guidance regarding when to get medical care, and
- resources related to the pandemic
- steps of contact tracing and how community clinics / CBOs can engage across the continuum

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IMPLEMENTATION RECOMMENDATIONS CONTINUED

1. Develop beta-tested culturally, linguistically, and literacy appropriate education materials.
 - a. Collaborate with Medical and Ground working group stakeholders to beta-test messages. Ensure that communications strategy implementation support efforts to connect LA County residents to testing sites.
2. Work with the County to support the development of a Public/Private Partnership Model.
 - a. Facilitate and maximize the impact of a unified, strategic campaign by using a centralized, coordinated vehicle that can weave in all critical sectors—County, media, CBOs, and philanthropy.
 - b. For agility and responsiveness, embrace successful models that have been effective vehicles for moving resources quickly for outreach and community engagement as well as for leveraging existing infrastructure.
 - c. Build on current integrated models and best practices that help attract private resources such as the LA Justice Fund, the Census, and partnership with Probation to move juvenile justice resources.
3. Continue to build out the Air working group as the multi-sector coordinating entity that provides oversight/management of the communications campaign that includes key representatives from the Cross-Sector Work Group including County, CBOs, ethnic media, and philanthropy. The group would:
 - a. Co-create communications plans, narrative messaging, and advance communications strategies.
 - b. Have a central communications hub and set of strategies to engage media and traditional communicators and amplifiers.
4. Build an integrated campaign that includes a robust communications approach that builds an informed and engaged community.
 - a. Continue to work with DPH and DHS to finalize the message and communications map, a key deliverable in this plan, in late July or early August, and get input from Ground, Medical, and Air working groups.
 - b. Build on and fully integrate the communications work needs identified by DPH, DHS, Medical, Ground, and Air working groups.
 - c. Convene digital and multi-platform activations to address information gaps on key COVID-19 issues—parental information/engagement
- c. Employ distributed communications strategies to engage CBOs, key community influencers, and other community partners to ensure an integrated approach.

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IMPLEMENTATION RECOMMENDATIONS CONTINUED

- on education gaps, resources for communities, and others.
- d. Provide targeted resources to ethnic media partners that are negotiated to ensure major contributions in added value commitments of at least 33 percent.
 - e. Seek to foster awareness and learning, taking action, and sharing information, and facilitate sustained continued action.
 - f. Create messaging around privacy protections that address fears of information sharing with federal agencies is critical.
5. To address our current crisis and amplify communications, additional resources are needed to adequately support a robust, hyperlocal, communications campaign that works with ethnic media and integrate CBOs as trusted messengers and tap their ability to generate earned media.
- a. Identify robust public and private dollars, based on the current crisis, for ongoing communications efforts is key to containing the pandemic.
 - b. Launch some of the initial media planning and partnerships using the Air working group's initial \$250,000 investment from CCF/Ballmer.
 - c. Secure necessary County funds for the next few months.
 - d. Coordinate a strong County partnership, which will be key to leveraging additional philanthropic funding.
6. The implementation of this plan will advance communications efforts to ensure that highly impacted populations:
- a. Are not faulted by their vulnerability, which is caused by systemic injustices and not by individual behaviors.
 - b. Have access to information related to disparities in COVID-19 related cases, deaths, and testing rates and be able to share their stories of how these inequities impact their lives.
 - c. Are aware of the actions Public Health and its partners are taking to address these disparities and how to offer input and support.
 - d. Know about the phases and related activities of the *Roadmap to Recovery: A Phased Approach to Reopening Safely in Los Angeles County*.
 - e. Understand how to access and share supportive services that promote well-being, during COVID-19 and beyond.

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GROUND WORKING GROUP

BACKGROUND

CBOs have responded with agility and tenacity to support LA County residents during the COVID-19 pandemic. CBOs have helped bridge the digital divide for low-income students without computer and internet access. They have helped meet basic needs, assisted with filing unemployment checks, and letters to landlords when residents were unable to make the rent. Because of the distrust of government fueled by over-policing, draconian federal immigration enforcement, including fear of jeopardizing future legal residency status through the use of government resources, many LA County residents are fearful of public agencies. It is worth emphasizing that CBOs are experts at delivering services, disseminating information, interrupting violence, increasing civic participation, and assisting with public system navigation.

Fortuitously, in LA County, there is robust CBO infrastructure within the racial, ethnic, and geographic communities that have been hardest hit by the pandemic. There must be a focus on supporting CBOs rooted in highly vulnerable Black, Latinx, Native Hawaiian Pacific Islander (NHPI), and Indigenous communities to ensure impact and reach. CBOs can build on existing

infrastructure developed for Census outreach, voter registration, kinship/child welfare navigation, *promotoras*, gang intervention, a promising COVID-19 testing pilot sponsored by Los Angeles City Council District 8, and in the past, ACA enrollment. This existing infrastructure is an essential foundation. It can expedite resources, intervention, and follow-up with highly vulnerable and dif-

ficult-to-reach residents at high risk for exposure (i.e., elderly, undocumented individuals, foster youth, unhoused, reentry population, LGBTQ+, NHPI, Indigenous, AIAN). CBOs with the capacity to engage in outreach, education, PPE distribution, effective service referrals, and help with public systems navigation are prepared to leverage their collective capacities to meet the challenges ahead.

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THE CBO ENGAGEMENT MODEL

Informed by the diverse stakeholders of the Race and COVID-19 Cross-sector workgroup, CBOs developed an engagement model. The model addresses the growing, unmet needs in heavily impacted hot spot communities and non-geographically concentrated communities. The CBO Engagement Model operationalizes the vision of a Hub and Spoke model with testing sites at the center of the hub and CBOs as spokes. The Hub and Spoke model relies on a partnership with LA County departments, newly sited testing sites, and CBOs within the highest impacted communities. The proposed engagement model identifies the tiers of engagement and service that meet the LA County resident's actual needs. The tiers vary in intensity and act together to keep in contact with impacted residents, thereby minimizing the risk that people will fall through the cracks.

TIER 1

- Outreach, awareness, and education
- Ability to do a warm handoff to clinics and testing sites
- Provide ongoing neighborhood-level engagement and education to residents led by trained outreach workers (i.e., intervention workers, promotora/es, organizers, neighborhood leaders) to provide public health information such as safety and infection prevention protocols, specific and culturally appropriate testing site information, and support to connect residents with testing sites and other resources.

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TIER 2

- Includes activities of Tier 1
- CBOs can help people navigate access and help with first steps
- System navigation
 - Medical system—connect people with healthcare and other services
 - Non-medical referrals—for non-medical needs (must actually connect people with supportive services)

At testing sites, ensure trained outreach workers are available to provide public health information and offer support services to testing recipients. If a person requires continued support resulting from a positive test, health screeners working with LA County contact tracers should contact individuals to assess their needs, connect them to healthcare services, and develop a supportive quarantine plan to limit the spread to immediate family members in coordination with public health.

TIER 3

- Includes activities of Tiers 1 and 2
- Provides help with basic needs and wraparound services such as housing assistance (engaging with member's landlords) or helps access government aid including unemployment
- The first point of contact and warm handoff for case management to be provided by another agency

The credibility of CBOs is critical to ensuring safety, virus interruption, and trust among the most impacted communities. Outreach workers must not be viewed as an extension of law enforcement and thus should inform individuals their information will remain confidential.

In addition to resources needed to implement the CBO Engagement Model, there are, at least, two additional areas that require funding to stop the spread of infection and mitigate the impact of COVID-19 in these specific vulnerable communities.

Recruitment

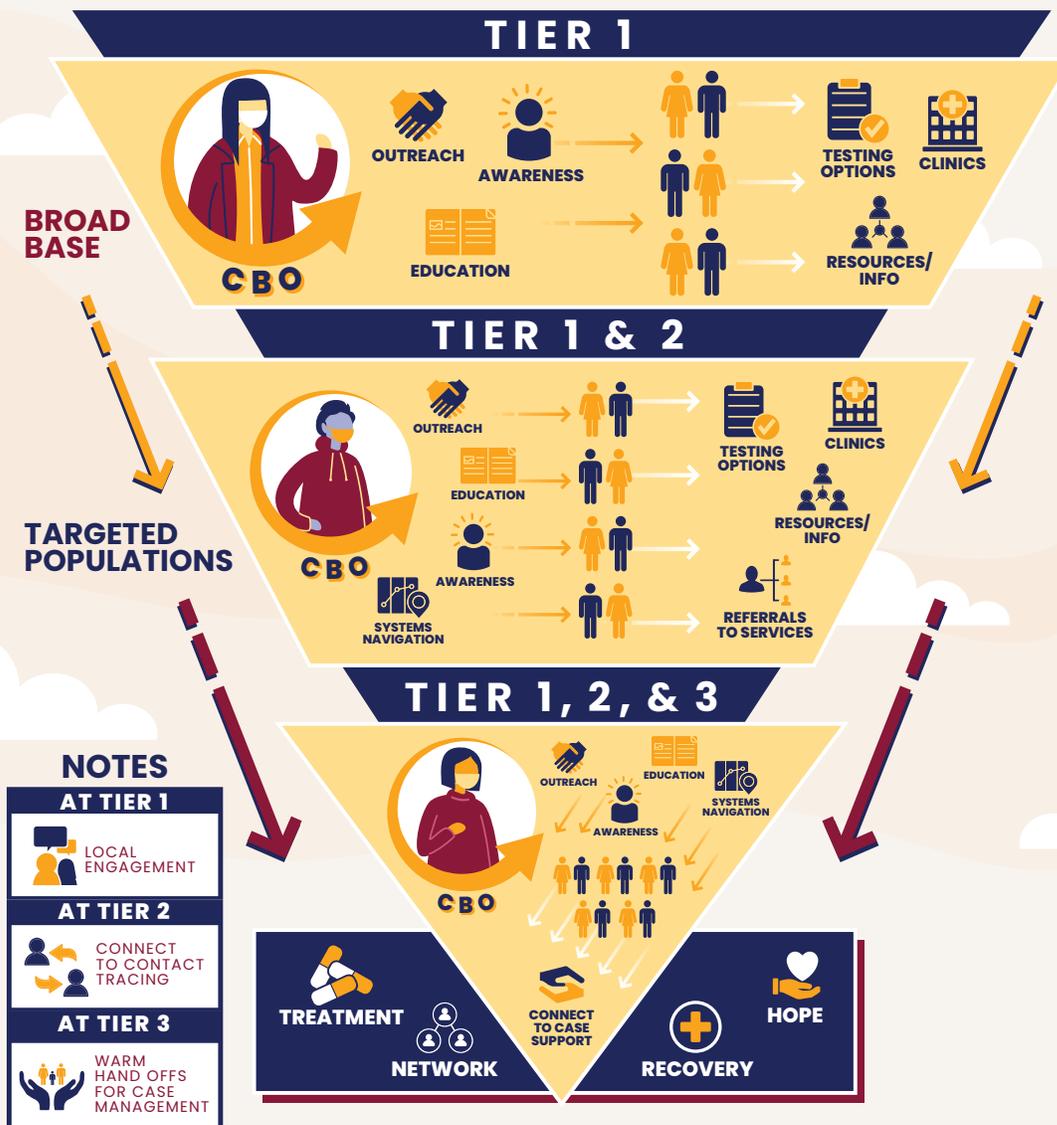
- Engage and recruit CBOs rooted in targeted communities and/or that engage with geographical and highly vulnerable populations.
- Develop a workforce that comprises community members, including people who have recently become unemployed because of the pandemic who have skill sets that make them a good fit for this work.

Training

A community-based workforce will need to expand and develop new competencies to meet the need; therefore, training, salaries, and support structures must be adequately resourced. Adequate training infrastructure will need to be developed to cross-train workers for specialized services such as community outreach, community intervention, systems navigation, support and service delivery, and public health. Staff will also need training in strategic messaging and public health systems and protocols. Some CBO personnel and members may have easily transferable skill sets and be ideal candidates for employment as contact tracers and/or health screeners.

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3 TIERS OF ENGAGEMENT



DEVELOPED BY: CDTECH | CHIRLA | COMMUNITY COALITION | EAST YARD COMMUNITIES FOR ENVIRONMENTAL JUSTICE | INNRCITY STRUGGLE | KHMER GIRLS IN ACTION | LA BLACK WORKER CENTER | LA C/C NATIVE AMERICAN INDIAN COMMISSION | LA URBAN LEAGUE | LA VOICE | URBAN PEACE INSTITUTE | WITH SUPPORT FROM ADVANCEMENT PROJECT CALIFORNIA

Graphic provided by InnerCity Struggle.

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IMPLEMENTATION RECOMMENDATIONS

1. DHS and DPH should incorporate the CBO Engagement Model—developed by CBOs—with three different tiers of service within their future solicitations for proposals related to COVID-19 outreach, education, navigation support, and supportive services. CBOs can engage in varying degrees based on their capacity and decision. Implement the Medical working group’s recommendation and fund community clinic liaisons to support and coordinate implementation with CBOs.
2. Include resources for training and recruitment as part of future solicitations for services related to outreach, education, navigation support, and supportive services required to implement the CBO Engagement Model.
3. Guided by current hot spot analysis. DHS and DPH should consider locating new testing sites in locations identified by highly vulnerable populations for food distribution, “stop and grab” meals, housing support, Census, etc. When selecting testing sites, DHS and DPH must consider how transit-dependent people will access testing and provide adequate supports. Barriers to access should be removed. This can be achieved by eliminating appointments and other burdensome requirements that deter people from testing (i.e., sharing private information, proof of insurance). At the same time, APCA’s hot spot analysis documents the pandemic’s place-based dimension. Both place-based and non-geographical based efforts must have sufficient resources to reach those disproportionately impacted.
4. Create flexible funding streams. CBOs need to be able to work swiftly and ideally would need to be resourced with a combination of flexible dollars from philanthropy and contracts from Los Angeles County.
5. Real-time access to the location of new testing sites. The CBOs also need to know the location of new testing sites to determine how much CBO capacity can be deployed to help connect people to testing. Within the CBO Engagement Model, each tier has a different degree of engagement with navigation as the most intensive degree of engagement. CBOs can engage at different degrees of engagement based on their capacity and desire to be part of model implementation.

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IMPLEMENTATION RECOMMENDATIONS CONTINUED

6. Remove law enforcement personnel from testing locations. Instead, LA County should prioritize the presence of trained intervention workers to support community safety as an alternative to law enforcement.
7. Build CBOs' technological capacity. CBOs will need flexible funding for technology that can effectively track and help scale-up organizational capacity for outreach, referrals, and systems navigation.
8. Leverage CBOs' strategic communications capacity to create content and reach vulnerable communities. As trusted messengers, CBOs develop strategic communications to reach people in highly impacted geographically and non-geographically based communities. Financial support is needed to create content and facilitate the integration of proven technology to reach difficult to reach people in highly impacted communities. Strategic communications in impacted communities includes the following:
 - phone banking and digital outreach using CBO communications infrastructure;
 - message and script development that resonates with the community;
 - the activation of social networks to deliver messages;
 - a social media strategy for education and active engagement;
 - the creation of a specific platform for troubleshooting model implementation; and
 - support for a central place with the latest information and messaging that can be used to stop misinformation and disseminate accurate COVID-19-related information.
9. Contact tracing: Contact tracing infrastructure using existing intervention, Census, and *promotora* models as the foundation.
10. Los Angeles County leaders should look across all county departments to identify resources to fund and support all aspects of the CBO engagement model and community-based content creation and communications strategy.

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CONCLUSION

The situation in the communities that have been disproportionately impacted is growing desperate. In addition to the threat of infection, many residents face job loss, food insecurity, housing insecurity, and other barriers to meeting their basic human needs. People in heavily impacted communities who are fortunate enough to have employment are often essential workers in jobs that require them to leave their communities and have frequent contact with the public. Despite best efforts to disseminate messages and directives on the importance of physical distancing and face coverings, there are members of the public and employers who are non-compliant. Essential workers risk multiple exposures over the course of their work day outside their communities.

The Los Angeles Board of Supervisors, the DPH, and the DHS's efforts to stem the coronavirus's spread have saved countless lives. They have been at the forefront of the nation's pandemic response. Nonetheless, the virus continues to spread in low-income communities of color with devastating consequences. On August 11th, LA County announced that it reached over 5,000 COVID-19 deaths.

In the face of the grim outlook, the energy and hope behind community-led mutual aid response have not diminished they have grown. Now is the time to expand and activate partnerships to broaden the reach of LA County's efforts in hard-hit communities.

This crisis is pushing everyone beyond the limits of business and usual. Response to the COVID-19 pandemic requires new ways of thinking and working together. This workgroup is an important space for information sharing and learning. It's our hope that it will lead to collaborative implementation strategies that will reach LA County residents who are hardest hit by the pandemic.

The Race and COVID-19 Cross-Sector Workgroup has built significant collaborative capacity. In July, DHS and DPH partnered with CBOs to provide face masks and hand sanitizers in hard-hit communities in South Los Angeles, Southeast County, and East Los Angeles. DHS and DPH provided materials, the Weingart Foundation and Ballmer Group provided funding to support distribution, and CBOs blanketed the community with face masks and distributed hand sanitizer, including direct outreach to unhoused residents living along the lower LA River.

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CONCLUSION CONTINUED

Working group participants are veterans of multiple collaborations and drew on these experiences to inform their recommendations. Notably absent from the recommendations are specific projected costs of implementation. Advancement Project California's preliminary cost modeling to implement the Ground working group's engagement model at 20 of the 30 hot spots through the end of the year yielded a cost in the tens of millions of dollars. Chronic federal, state and local underinvestment in public health infrastructure has dire consequences. We can't look away because of sticker shock. We must reckon with what it will likely take to protect the residents of LA County who have the fewest resources at their disposal.

By tapping the tenacity and community standing of non-profit organizations and their partners, we can meet critical

needs. By connecting and building new relationships with our dedicated peers working within the LA County government, we can strengthen Los Angeles County's public health infrastructure, and we can ensure that everyone can protect themselves against infection. By identifying hot spot priority areas for deployment of resources, we can activate multiple partners to connect vulnerable populations to testing and services. By leveraging and supporting community health clinics and bringing in new partners, we will reach people who would otherwise be missed by outreach efforts. By working with philanthropy and providing them with new models of collaboration built on existing CBO infrastructure, we can work swiftly. Together, we can form a bulwark to halt the disproportionate spread of COVID-19 in LA County's low-income communities of color.

To view the interactive report, including hot spot maps, methodology, and citations, go to RACECOUNTS.org/COVID

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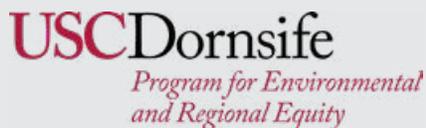
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The RACE COUNTS initiative is built on intentional coalition-building, customized, local data, and taking on the key drivers of racial disparity. We have the opportunity to make sure the California we pass down is fairer, better, and healthier.

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