

**Quality and Productivity Commission
34th Annual Productivity and Quality Awards Program
"Leading with Excellence"**

2021 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12-point font):

NAME OF PROJECT: MOBILIZING PEER OUTREACH DURING COVID-19

DATE OF IMPLEMENTATION/ADOPTION: OCTOBER 2020 - PRESENT

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2020)

CHECK HERE IF THIS PROJECT IS BEING SUBMITTED FOR THE COVID-19 IMPACT AWARD ONLY. (Projects must be implemented on or before December 31, 2020. **Note:** Projects implemented less than one year ago will not be eligible for any other PQA awards. In addition, once a project is submitted, you cannot submit the same project for awards consideration in subsequent years).

PROJECT STATUS: _____ Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes No

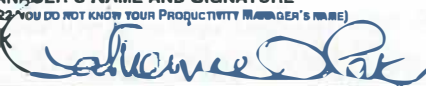

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 Investing in community partners is critical to get accurate information via trusted
2 messengers to communities most highly impacted by the COVID-19 pandemic. The
3 Board allocated \$18.5 million to Public Health in September 2020 to launch the
4 Community Health Worker (CHW) Outreach Initiative, which built infrastructure for a
5 community-based system of response within 1 month. Beginning in October 2020, the
6 Initiative trained and mobilized more than 900 CHWs across the county including an in-
7 house team of CHWs and contracting with 16 community-based organizations to
8 leverage existing networks of peer outreach workers via a Fiscal Lead Agency. CHWs
9 from multiple peer outreach disciplines – health outreach workers, promotores, gang
10 intervention workers, essential worker advocates, parent advocates, and indigenous
11 and people of color advocates – were deployed to reach more than 80 diverse
12 communities across the County. From October to December 2020, more than 207,000
13 outreach activities were completed, reaching an estimated 369,000 people Countywide.
14 Recognizing the critical role CHWs play in COVID-19 outreach, Public Health has
15 allocated additional CDC ELC funds to extend this initiative through December 2021.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Public Health, 313 N. Figueroa St., Los Angeles, CA 90012		TELEPHONE NUMBER 213-288-8117
PROGRAM MANAGER'S NAME Tiffany Romo tromo@ph.lacounty.gov		TELEPHONE NUMBER EMAIL
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Catherine Mak 		TELEPHONE NUMBER 213-288-7240 EMAIL cmak@ph.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Barbara Ferrer, Ph.D., MPH, M.Ed 		TELEPHONE NUMBER 213-288-8117

****ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE****

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and **specify assessment time frame.** Use Arial 12 point font.

Challenge:

The COVID-19 pandemic presented unprecedented challenges to the county with communities of color disproportionately bearing the impact of the virus, including higher COVID-19 case rates, economic hardship, trauma and loss from the virus. Many communities with high case rates have historically been impacted by lack of resources, poverty, high rates of violence, chronic disease, and other negative outcomes, as a result of historical oppression and systemic racism. These conditions were greatly exacerbated by the virus, and compounded by lack of trust in government and in public health, as communities were wary of the vaccine, dealing with misinformation that the virus would not impact them, or simply lacked access to information and resources.

Solution:

Investing in our community partners is critical to get accurate information via trusted messengers to communities experiencing significant surges. The Board allocated \$18.5 million to Public Health in September 2020 to support grassroots community outreach to ensure that accurate and up-to-date information regarding COVID-19 reached all communities, especially those that were most highly impacted by the virus. The Community Health Worker (CHW) Outreach Initiative built infrastructure for a community-based system of response within 1 month. Beginning in October 2020, the Initiative trained and mobilized more than 900 CHWs across the county including an in-house team of CHWs and contracting with 16 community-based organizations to leverage existing networks of peer outreach workers via a Fiscal Lead Agency. This initiative continued through March 2021 with CARES funding. Recognizing the critical role CHWs play in COVID-19 outreach, Public Health has allocated additional CDC ELC funds to extend this initiative through December 2021.

The initiative includes CHWs from multiple peer outreach disciplines – health outreach workers, promotores, gang intervention workers, essential worker advocates, parent advocates, and indigenous and people of color advocates – to reach diverse communities disproportionately impacted by the virus. Outreach was prioritized to priority groups and high need communities based on geospatial analysis of COVID-19 case rates and the Social Vulnerability Index, and block maps were provided to CHWs to guide field work. Public Health established an online Training Hub for CHWs including required COVID-19 training and optional enhanced learning intended to provide CHWs the information and skills needed to quickly, safely, and confidently conduct outreach in priority communities. Trainings were available in English and Spanish. The initiative also provides workforce development for CHWs,

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The Initiative contracted with a communications firm to work with our partner agencies to co-create culturally, linguistically, and literacy inclusive content that resonates with communities and supports on-the-ground outreach and engagement by the CHWs. Messaging was adapted to align with changing Public Health Directives and included general COVID-19 safety, vaccine awareness, promoting business compliance certificate program, and how to gather safely.

CHWs provided outreach in multiple languages in a variety of spaces including outdoor spaces where people gather (e.g., parks); conducting “no-knock” material drop offs in residential areas; reaching out to their existing client networks; outreaching to small businesses, community-based organizations, and faith-based organizations; and conducting virtual outreach (e.g., phone, email, social media, etc.). In addition to print materials, providing reusable face coverings and hand sanitizer to community members helps open the door to conversation, even for people who are resistant. In 2021 CHWs are helping Public Health register eligible community members for vaccine appointments in high need areas. CHWs highlighted the importance of their role: “They’ll give me their ear... we’re out there telling people they need to stay safe. We get out in the streets and speak to people. Its rough out here. COVID is for real... the choices you make can affect you and anybody else that’s around you.” (Andre, CHW/Gang Intervention Worker, Chapter 2).

Impact:

From October to December 2020, more than 207,000 outreach activities were completed, reaching an estimated 369,000 people Countywide. A total of 277,000 face coverings and 73,000 hand sanitizers were distributed to the community. Agencies reported that the initiative empowered CHWs to make a difference and take a leadership role in their communities, dispel myths, help people live safely and access critical information and resources during a traumatic time. One of the CHWS shared how it impacted her: “I can’t even put it into words, because just seeing a smile on someone’s face receiving these [PPE] packages has been a blessing...Many families don’t want to talk about the pandemic. But they shouldn’t be afraid to talk, because we understand each other in our community.” (Nancy, CHW, United American Indian Involvement). The initiative also helped agencies forge new collaborations, change internal practices to hire people with lived experience, and incorporate COVID-19 safety messaging throughout their outreach and service delivery initiatives. CHWs are an important component of public health and county community engagement and there are cross-learning opportunities across multiple peer disciplines. Infrastructure is needed to support ongoing training, support systems, and career pathways for peers in addition to ongoing investment.

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12-point font.

The Community Health Worker Outreach Initiative (CHWOI) directly addresses each of the County’s Strategic Plan goals:

Goal 1(1 and 2) Make Investments that Transform Lives

- CHWOI was a targeted prevention strategy used to prevent and slow the spread of COVID-19 and reduce overall morbidity and mortality by providing accurate, up-to-date, and in-language information and PPE to communities most highly impacted by the virus. CHWs worked in communities to dispel myths and provide residents the information needed to make informed decisions about their own health and the health of their loved ones.
- CHWs addressed a wide range of community needs by providing residents referrals to County and community-based services and social supports.

Goal 2 (1 and 2.4) Foster Vibrant and Resilient Communities

- CHWOI supported development of a skill-based workforce of over 900 CHWs across the county by creating a comprehensive training program that included transferable skills in communication, customer service, digital literacy, etc.
- CHWs shared a wide range of local resources to support health and active lifestyles included referring residents to the Public Health website which provides information and resources on how to stay safe and healthy.

Goal 3 (2.3 and 4) Realize Tomorrow’s Government Today

- Worked with DPH Information Technology (IT) teams to develop a streamlined system of data tracking and reporting and allowing access to external partners. The system created became the model for data tracking for other outreach initiatives.
- CHWOI has built infrastructure for a community-based system of response to ensure the rapid dissemination of information and resources to communities during public health emergencies.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12-point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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